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SECRETARY OF STATE
TATE AHASSEE, FLO NDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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٠٠ س	.^' STATEMENT OF	CHANGE OF REGISTERED O	FFICE OR REGISTERED AGENT OR	
سنبر)	BOTH FOR LIMITED LIABILITY COMPANY			
	Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limit liability company submits the following statement in order to change its registered office or register agent, or both, in the State of Florida.  1. The name of the limited liability company is:  Neeko-McKinley, LLC  2. The mailing address of the limited liability company is:  1726 7th Avenue, Suite 22LLAHASSEE			
Tampa, FL 33605				
	06/17/2005		L05000060483	
	3. Date of filing/registration in Florida		4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  Independent Executive Management, LLC				
		Name 3001 N. Rocky Point Drive East, Suite 200		
		Address Tampa, FL 33607		
		City, State and Zip		
	6. The name and address	of the new registered agent and/or	office:	
	Independent Executive Management, LLC			
		Name	<u> </u>	

1726 7th Avenue, Suite 22

Florida street address (P.O. Box NOT acceptable)

Tampa

FL 33605

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member)

## Marco Alessandro Caporale

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Adent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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