L09000065788

(Requestor's Name)			
Jose R. Scott			
,			
1493 Beech Grove Dr- (Address)			
Hannhan OH 30228 (City/State/Zip/Phone #)			
, , , , ,			
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(Business Entity Name)			
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SECRETARY OF STATE OF STATE OF CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the State of Florida.		
1. The name of the limited liability company is:	ESCAND PALMS PARAM	DISE LANDSCOAME, CLC
2. The mailing address of the limited liability com	pany is: PO BOX 10137	14
FT. LANDERDALE PL 33310	>	
7-5-2005	L05000657	88
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the register Florida Department of State:	red office address as shown on the	records of the
BACKEL JOH	[NSOP	
3150 KOUSTI A PT LANDELONG City, Si	ddress FC 33312 tate and Zip	SECRETAF DIVISION OF 05 NOV -
6. The name and address of the new registered age		7 P
NAME SCOT Na (3630 JACKS Florida street address (ame ST P.O. Box NOT acceptable)	OF STATE DRPORATIONS
M(M) City, Sta	FL 33 176 te and Zip	
If the limited liability company is not organized un confirmed that after the change or changes are made and the business office of the registered agent will liability company, it is hereby confirmed that the classification of the limited liability company or as the members of the limited liability company or as the members of the limited liability company or as the member of a member or authorized representative of a member)	de, the Florida street address of the be identical. Or, in the case of a F hange(s) was/were authorized by a otherwise provided in the articles npany.	e registered office
Theophilus Powell (Printed or typed name of signee)		
I hereby accept the appointment as registered age comply with the provisions of all statutes relative t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability	nt and agree to act in this capacit o the proper and complete perfort of my position as registered agent ed to merely reflect a change in th company has been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.
(Signature of Registered Agent)		

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

INHS18(10/99)