## L05000069147

	926 N.W. 13th Street Guinesville, Pt. 32601-4140	or's Name)
	Law	5)
	rs At	ate/Zip/Phone #)
[ ]	Knselors	WAIT MAIL
	Con	ess Entity Name)
EAR EAR		ment Number)
Certified BRASHEAR & ASSOC. PL		Certificates of Status
Specia	-· .	ng Officer:

Office Use Only



600058126356

08/05/05--01027--009 \*\*25.00

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05 AUG -5 PH 12: 42

## 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 blate					
1. The name of the limited	d liability company is:	KRANZ IN	VESTING, LLC		<del></del> -
2. The mailing address of					*
P.O. BOX 2866 GAIN	ESVILLE FL 32606	i			
JULY 8, 2005			L05000069147	, .	e de la
3. Date of filing/registration in Florida			4. Document numb	ber	<del></del>
5. The name of the register Florida Department of S	red agent and the regis State: BRUCE BRASHEA		ddress as shown or	the records of th	e
	926 N.W. 13TH ST			17AE	
	GAINESVILLE FL	Address 32601 State and Zip		AUG -5	1
6. The name and address of		•		(f) **-	m
	DAVID KRANZ			PM 12: 42 EE. F. BATE	
	4830 N.W. 43RD S	Name TREET, AP	T. E- <b>7</b> 2	1.2 MEA	
	Florida street addres	s (P.O. Box N	OT acceptable)		
	GAINESVILLE	FL 32606	<u> </u>		
	City, S	State and Zip	¥ Î	· · · · · · ·	
If the limited liability conconfirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limited liability companies.	the registered agent were the registered agent wereby confirmed that the diability company or of the limited liability company confirmed that the limited liability company or the liability or t	nade, the Flori ill be identica e change(s) was otherwise company.	s of the State of Flida street address of l. Or, in the case of as/were authorized provided in the arti	orida, it is hereby f the registered of the registered of a Florida limite by an affirmative cles of organizati	ffice d : vote of on or
DAVID KRANZ MANA		7.4		-	
(Printed or typed name of signee)		<del></del>	• •		
I hereby accept the apportant the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered a is of all statutes relativ d accept the obligation this document is being that the limited liabili	ngent and agre ve to the prope ns of my posit filed to merel ity company h	ee to act in this cap er and complete pe ion as registered a y reflect a change as been notified in	acity. I further a rformance of my gent as provided in the registered writing of this ch	gree to duties, for in office ange.

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

CONTROL WAS THE

**FILING FEE: \$25.00** 

(Signature of Registered Agent)