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M. HODGES

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: CEE 1, LLC			
	d Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
Brian Velez	<del></del>		
(Name of Person)			
(Firm/Company)			
10219 General Drive			
(Address)	<del></del>		
Orlando, FL 32824			
(City/State and Zip Code)			
For further information concerning this matter, ple	rase call:		
at (at (	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following am-	ount:		
\$25 Filing Fee	S55 Filing Fee & Certified Copy		

INHS18 (8/05)

## 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.

1. The name of the limited	I liability company is:	CEE 1, LLC			
2. The mailing address of	the limited liability co	mpany is : <u>6</u>	099 Buford St		
Orlando, FL 32835					
7/29/2005			L05000075005		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of S		tered office	address as shown o	n the records	of the
*	Lance A Ragland			,	
	250 Park Ave South, t	Name 5th floor		***	·
		Address		•	:
	Winter Park, FI 32789			<i>:</i> ·	
•		State and Zij	p	** **.	
6. The name and address of the new registered agent and/or office:			• •		
	•			,	
-	Brian Velez			and the	
	N 10219 General Drive	Jame			
-	Florida street address	(P.O. Box N	NOT acceptable)		
	Orlando, FL 32824	FI.	•		
-		ate and Zip	<del></del>		
If the limited liability components confirmed that after the chand the business office of the liability company, it is here of the members of the limit or the operating agreement	ange or changes are ma he registered agent wil by confirmed that the ited liability company of	ade, the Flor Il be identica change(s) w or as otherw	ida street address o al. Or, in the case o as/were authorized	of the registere of a Florida ling by an affirma	ed office nited ative vote
(Signature of a member or authoriz	ed representative of a member	·)			
Fficia Villages					
Efisio Villecco (Printed or typed name of signee)					
I hereby accept the appoir comply with the provisions and I am familiar with and Chapter 608, F.S. Or. if the address, I hereby confirm to the confirmation.	tment as registered ag of all statules relative accept the obligations is document is being fi hat the limited liability	ent and agree to the prope of my posit led to merel company h	ee to act in this cap er and complete pei ion as registered as y reflect a change i as been notified in	eacity. I furthe formance of i gent as provid in the register writing of this	er agree to ny duties, led for in ed office change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00