L060000 33432

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
	Lucette City (Disease	- 40
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
/		
Special Instructions to	Filing Officer:	
. ,		4-101
		1
	Office Use On	ily XXXX



700079846547

09/15/06--01043--008 **50.00

CRETARY OF STATE

RETARY OF STATE

Law Offices of Anita L. Barber, P.A.

Anita L. Barber*

*Admitted FL and GA Bars, LL.M. in Taxation Certified Public Accountant 636 West Yale Street Orlando, Florida 32804

Web Site: www.abarberlaw.com Telephone: 407-472-0595 Facsimile: 407-472-0594 Richard G. Shanklin Chief Operating Officer

September 12, 2006

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

Re: Cebu Investments, LLC

Dear Sir or Madam:

SECHETARY OF STATE

Please find enclosed a Statement of Change of Registered Office or Agent or Both for Limited Liability Company and Articles of Amendment to Articles of Organization to Cebu Investments, LLC. Please file these documents and please provide me with confirmation of the filing. I have enclosed my firm's check in the amount of \$50.00 for the filing fees.

Please call me should you have any questions.

Very truly yours,

Anita L. Barber, P.A.

anto 2 Suha

Anita L. Barber, Esq.

Enclosures

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.

,	J					
1. The name of the limited	d liability company is	s: CEBU Inves	tments, LLC			 •
2. The mailing address of	the limited liability	company is : 29	913 Plantation Road,			_•
Winter Haven, FL 33884						
March 30, 2006			L06000033632			
3. Date of filing/registration in Florida		4	4. Document number			
5. The name of the registe Florida Department of S	red agent and the reg State:	gistered office a	ddress as shown on the reco	ords of th	ne	
•	Caroline C. Hor	nculada				
	•	Name				
	2913 Plantation					
		Address				
	Winter Haven, FI	L 33884				
	City	y, State and Zip				
6. The name and address of	of the new registered	agent and/or of	fice:			
	Caroline C. Hon-	culada		SEC	06 SEP 15 AMII: 2	
	440 Oznakali Du	Name		至常	P	
	110 Campbell Dr			AST RSS	2	
	Florida street addre	ess (P.O. Box N	OT acceptable)	APY OF	330	
	Winter Haven	FL 33884	4	ESI FSI	=	
	City,	, State and Zip		of State , florida	:2	
confirmed that after the chand the business office of liability company, it is her	nange or changes are the registered agent reby confirmed that t	made, the Flori will be identical he change(s) was	s of the State of Florida, it is da street address of the region of the region of a Floridas/were authorized by an affice provided in the articles of the street of the st	is hereby istered o da limite firmative	office ed e vote	
(Signature of a member or authori	zed representative of a men	mber)				
Canalina C. Hamasslada	. Ma-222/					
Caroline C. Honculada (Printed or typed name of signee)						
	•	l against and again	en to not in this assessite. I	finethan -	100100 4	
inerepy accept the appole comply with the provision and I am familiar with an Chapter 608, F.S. Or, if taddress, I hereby confirm	niment as registered s of all statutes relat d accept the obligation his document is bein that the limited liabi	ugeni and agre ive to the prope ons of my positi g filed to merely ility company ha	te to act in this capacity. If and complete performance on as registered agent as portered agent as part as part as the result of the result of the notified in writing of the control of the part of	re of my c rovided j gistered of this ch	gree to duties, for in office aange.	,

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

INHS18 (8/05)

(Signature of Registered Agent)