

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # L06000063715

### 3. Mailing Address

02152007 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For	
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Not Applicable
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Country

### 5. Certificate of Status Desired

4

**\$5.00 Additional  
Fee Required**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code:

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Make check payable to  
Florida Department of State**

10.	ADDITIONS/CHANGES
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☐ Defere☐ Change☐ Addition☐ Delete☐ Change☐ Addition☐ Delete☐ Change☐ Addition☐ Delete☐ Change

☐ Addition

☐ Change

☐ Addition

 Delete

☐ Channel☐ Addition

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_