Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 205-0380

From:

Ascount Name : THE FLORIDA COMPANY

Account Number : 120060000001

Phione : (608) 827-5300

Fax Number : (608) 824-0405

REGISTERED AGENT CHANGE

REBSAR CONSULTING LLC

Certificate of Status	0
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Page Count	01
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ALY

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Corporate Filing Menu

Help

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

rursyani to the provision liability company submits agent, or both, in the State	ns of sections 608.41 the following staten e of Florida.	to or 606.308, Florida Statutes tent in order to change its regi	stered of	iersign fice or	registered		
1. The name of the limite	d liability company is	REBSAR CONSULTING LLC			 .		
2. The mailing address of	the limited liability of	company is:					
1599 SULA DEER WAY FT	MYERS FL 33912						
6/27/2000		1.06000055164					
3. Date of filing/registrati	ion in Florida	4. Document nun	4. Document number				
5. The name of the registe Florida Department of	red agent and the reg State:	istered office address as shown (on the rec	ords of	the		
-	THE FLORIDA INCO	RPORATING COMPANY	, ,	·.			
	1203 GOVERNORS \$	Name QUARE, STE. 101			•		
	TALLAHASSEE, FL	Address	TAL	20			
		y, State and Zip	LA CR	=			
6. The name and address	of the new registered	agent and/or office:	E TARY HASSEI	FEB -			
	Business Filin	gs Incorporated	EΕ,	_			
•	1203 Governo	Name ors Square, Ste. 101	FST	ي پ	O		
	Florida street addre	ss (P.O. Box NOT acceptable)	OF STATE E.FLORIDA	30			
	<u>Tallahassoo</u>	FL 32301					
•	City,	State and Zip					
confinned that after the cland the business office of liebility company, it is her the numbers of the limits the operating agreement the operating agreement of signed that the confine of the limits of the confine of the limits of the confine of the limits of the limit	the registered agent reby confirmed that the liability company of the limited liability	iber)	of the reg of a Flori d by an a ticles of a	pistered da limi firmati organiz	office ited ive vote of ation or		
(Sign spre of Registrate Agent)	a Resident	ageni and agree to act in this ca ive to the proper and complete p ins of my position as registered of g filed to merely reflect a change lity company has been notified to P.O. Box 6327, Tellahassee, FI		further ce of more provide gistere of this	r agree to ny duties, id for to d office change.		
INHED 8(10/99)	-	ING FEE: \$25.00					
	HOF	3000 29405 3					

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TOTAL P.82