LD6000018147

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L. SELLERS

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SECRETARY OF STATE

COVER LETTER

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 liabi	lity company is: CI	3B02, LLC		<u> </u>
2. The mailing address of the li	mited liability comp	any is : Seafoam Village, Unit	111	
Englewood, FL 34224				
7/17/2004		L06000078147		
3. Date of filing/registration in Florida		4. Document numb	 oer	
5. The name of the registered ag Florida Department of State:		ed office address as shown on	the records of the	
•	Boyer			
1460	South McCall Road		2000 MAY -5 SECRETARY TALLAHASSE	
		dress	ARE MA	7
Engle	ewood, FL 34223 City Sta	te and Zip	Y -5 TAR ASS	-
6. The name and address of the	•	•		
Jack	Boyer		LORIGE 31	U
	Nar		<u>ş</u> 3	
	oam Village, Unit 11			
Flor	ida street address (P	O. Box NOT acceptable)		
Engle	wood, F	L 34224		
	City, State	e and Zip		
If the limited liability company confirmed that after the change and the business office of the re liability company, it is hereby cof the respect of the respect to the operating agreement of the operating agreement of the	or changes are made gistered agent will to onfirmed that the chability company or	e, the Florida street address of be identical. Or, in the case of lange(s) was/were authorized as otherwise provided in the	f the registered offi f a Florida limited by an affirmative v	vote
(Signature of a member of authorized repr	resentative of a member)			
Jack Boyer				
(Printed or typed name of signee)				
I hereby accept the appointment comply with the provisions of all and accept the appointment of all and accept the subject of this do address, I have confirm that the	nt as registered agen ll statutes relative to ept the obligations o cument is being file he limited liability c	nt and agree to act in this cap the proper and complete per f my position as registered ag d to merely reflect a change i ompany has been notified in v	acity. I further agr formance of my du jent as provided for n the registered off writing of this chan	ree to ties, r in fice ige.
(Signature of Registered Agent)				

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

INHS18 (8/05)