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107 JUL 25 PH 12: 1

## 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 liabil	ity company is:、_	Jensen	U BENT	en Arci	rde, U	<u>'</u>
		nited liability com					HighWA
•		2 Jens	-				•
:	,					11105	
3. Date of filin	g/registration in F	lorida	4.	Document			<u>•</u>
	rtment of State:	Maples  City, Si		7			
6. The name an	d address of the n	ew registered age	nt and/or offi	ice:			
	39 Florid	HRUL L  OS NW  da street address (  Buth  City, Sta	nme FORMAN P.O. Box NO	Hajhw OT acceptab	1/2 1 U	nit 4, t	Sax 2
confirmed that and the busines liability compa of the member or the operating	after the change of soffice of the regny, it is hereby cos of the limited liag agreement of the liber or authorized representations.	s not organized ur r changes are mad istered agent will nfirmed that the c ability company of limited liability of sentative of a member)	de, the Florid be identical. hange(s) was r as otherwise company.	a street add:	ress of the re	egistered office	e ite on
(Printed or typed nate of the reby acception from 1 am families Chapter 608, Faddress I here (Signature of Regis	me of signee)  I the appointment of provisions of all ar with and accept S. Or, if this doc by confirm that th	as registered age statutes relative to the obligations to the obligations file that the control of the control	nt and agree to the proper of my position ed to merely company has	to act in the and comple n as registe reflect a che s been notifi	is capacity. te performa red agent as ange in the r ed in writing		e to es, in ce ee.
		orporations, P.O FILING	Box 6327, 7 FEE: \$25.00		, FL 32314	25 PM 12 TARY OF SI ASSEE, FLI	
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