L0100016302

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	≥ #)
PICK-UP	MAIT	MAIL
(Bų	ısiness Entity Nan	ne)
	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900109629849

09/26/07--01013--024 **55.00

AL

ECRETARY OF STATE LAHASSEE, FLORIDA

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.

agent, or both, in the Blate of Florida.	· · · · · · · · · · · · · · · ·		•	1.0
1. The name of the limited liability company is:	Uhitman -	110du	STRIES	<u>s</u> LLC
2. The mailing address of the limited liability comp	oany is : <u>1165</u>	Shery	<u>andoa</u>	H COWRT
MARCO ISLAND FL 3	34145			
2/12/07	107	1000	0 16	302
3. Date of filing/registration in Florida	4. Docum			
455 Golde Hallandale	ed office address as s AZIOW ame EN Isles dress LL 330 ite and Zip	De ;	ZOO1 OCT SECRET	of the
6. The name and address of the new registered agent Robert J. 1165 Shenand Florida street address (P	t and/or office: Whitmai ne to AH Cour	<u>. T</u>	23 P 2: 00 ARY OF STATE ASSEE. FLORIDA	
MARCO IS AND F		15		
City, State		<u> </u>		
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will b liability company, it is hereby confirmed that the chaof the members of the limited liability company or a or the operating agreement of the limited liability company.	e, the Florida street a be identical. Or, in the ange(s) was/were au	ddress of ne case of thorized b	the register a Florida li	red office mited
Robert J. Whiteman (Printed or typed name of signee)	<u></u>			
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	t and agree to act in the proper and comp my position as regis I to merely reflect a company has been not	this capa plete perfo stered age change in tified in w	city. I furth ormance of ont as provi the registe riting of the	ier agree to my duties, ded for in red office is change.

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

(Signature of