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ION SERVICE COMPANY				
	ACCOUNT NO.	: 0721000000	32	
	REFERENCE	: 835416	7518993	
	AUTHORIZATION	: Spull of	nan ?	10. 21
	COST LIMIT	: \$55.00		ECRE TO THE PARTY OF THE PARTY
ORDER DATE : A	pril 4, 2007			TARRY O
ORDER TIME : 10	D:28 AM	Y		S. C. S.
ORDER NO. : 83	35416-005			OR THE
CUSTOMER NO:	7518993			ア
	CHANGE OF A	<u>GENT</u>		
NAME:	CICATRIX, LLC			
PLEASE RETURN TH		PROOF OF FILE	NG:	
XX CERTIFIE	ED COPY			
CONTACT PERSON:	Heather Chapma	an EXT# 290	8	
		EXAMINER.		

* 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 limite	d liability company is:	CICATRIX, LLC	•
2. The mailing address of	f the limited liability com	npany is : 2615 West Tyson A	venue, Tampa, Florida 33611
03/21/2007		L07000030716	·
3. Date of filing/registrat	ion in Florida	4. Document nu	mber
5. The name of the register Florida Department of		red office address as shown	on the records of the
1	IGNACIO A. FERRAS	S III	
	-	Vame	•
	2615 WEST TYSON A		
		ddress	AF SE
	TAMPA, FLORIDA 336	11 tate and Zip	- FE E 7
	• •	•	THE THE
6. The name and address	of the new registered age	nt and/or office:	SSIRY
	V. JEAN OWENS		PM 3: 38 PM 3: 38
		ıme	TO W
	811B CYPRESS VILLA	GE BOULEVARD	SE 38
	Florida street address (P.O. Box NOT acceptable)	OF A
	RUSKIN	FL 33573-6724	<u> </u>
	City, Sta	te and Zip	
confirmed that after the cl	nange or changes are made the registered agent will reby confirmed that the cuited liability company of the limited liability of		of the registered office of a Florida limited
IGNACIO A. FERRAS III			
(Printed or typed name of signee)			
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered age s of all statutes relative t d accept the obligations of his document is being file that the limited liability of	nt and agree to act in this co o the proper and complete p of my position as registered ed to merely reflect a change company has been notified in	spacity. I further agree to erformance of my duties, agent as provided for in in the registered office n writing of this change.

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