1. Entity Name	MENT # L070000			20	FILE DØSEP 17 PI	M 1: 30
Principal Place 3433 FESTIV PACE, FL 32	AL DR	Mailing Address 3433 FESTIVAL DR PACE, FL 32571		SE TAL	CRETARY OF LAHASSEE.F	STATE
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		3 Chg-LLC	CR2E083 (12/06)
City & State		City & State		4. FEI Nun 778	080046	Applied Not Ap
Zip	Country	Zip	Country		ite of Status Desired	\$5.00 Addition: Fee Required
	6. Name and Address of Cu	rrent Registered Agent		7. Name a	nd Address of New R	Registered Agent
GORMLEY 3433 FEST PACE, FL		-	Street A	Address (P.O. Box Nun	nber is Not Acceptable	a)
	named entity submits this statem	ent for the purpose of changing its	City registered office o	r registered agent, or	both, in the State of Fig	FL Zip Code
SIGNATURE -	Signature, typed or printed name of registerer	d agent and title if applicable. (NOT	E: Registered Agent signat	ture required when reinstating)		DATE
FILE Due	Signature, typed or printed name of registerer NOWIII FEE IS \$138.7 by September 12, 2008	in accordance with liability company die	s. 607.193(2)(b), I not receive the	F.S., the limited	Florida	te check payable to a Department of State
FILE Due	Signature, typed or printed name of registered NOWIII FEE IS \$138.7 by September 12, 2008 MANAGING M	in accordance with liability company did	s. 607.193(2)(b), I not receive the	F.S., the limited prior notice.		te check payable to a Department of State /CHANGES
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