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(Requestor's Name)		
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(City/State/Zip/Phone #)		
(3.1), 3.13.13.14, 11.13.13.11,		
PICK-UP WAIT MAIL		
· (Business Entity Name)		
•		
(Document Number)		
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EXAMINER

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SECRETANT OF STATE
TALLAHASSIF 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.

1. Name of the limited liability company: 1201-12	IS PICEW ST LLC	
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2150 DIAMONDET OLDS MAR FL 34677	
3. Date of filing/registration in Florida 4.	Lo 7000 III 901 Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	CAROL A WHEICH	
Registered Office Address:	OLDSHARFL 34677	
· -		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	LAHES MI WARICH	
	2150 DIAMOND CT	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)		
CAROL A UHRICH		
(Printed or typed name of signee)	and the second s	
I hereby accept the appointment as registered agent and agr comply with the provisions of all statutes relative to the prop am familiar with and accept the obligations of my position as F.S. Or, if this document is being filed to merely reflect a ch confirm that the limited liability company has been notified in		
(Signature of Registered Agent)	SA N	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		
INHS18 (05/08)	25.00 CORIDA	