## L90000000452

	0400-1-70
Requester's Name Mowrey & Biggins, PA Attorneys at Law 515 North Adams Street	
Tallahassee, Florida 32301-1111	
City/State/Zip Phone #	900051745595 -03/28/0201042001 *****25.00 ******25.00
	Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):
TOURDED BURELD I I	
1. (Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
(Corporation Name)	(Document #)
4	
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	AMENDMENTS AND
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other

Examiner's Initials

## 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	ed liability company	is: <u>Ingran</u>	Group, L.L.C	•	<u>.</u>
2. The mailing address of	f the limited liability	company is:	4523 North A	LONDE St., Ta	Nahasse,.
FL 32303			· .	<u> </u>	· · · · · · · · · · · · · · · · · · ·
April 22, 1996		<u>-</u>	L960000	00452	
3. Date of filing/registrat	ion in Florida		4. Document n	umber	
5. The name of the registe Florida Department of	ered agent and the res	gistered office	address as show	n on the records	of the
	W. Bradle	y Monroe		_	
	239 East	Virginia St. Address		_	
	<u>Tallalis</u>	ee, Ft 3230 y, State and Z	ip	<del>_</del> ·	-
6. The name and address	of the new registered	agent and/or	office: a. a.		
	_		103066		Σs: O
	Mow rey &	<i>Biggins, P.</i> Name	A		
		dans Street			25 25 25 25
	Florida street addr	ess (P.O. Box	NOT acceptable	)	SE S
	_Tallahassee,	FL 32	1301		
		State and Zip	****	<del>_</del>	D2 MAR 28 AM II: 2 SECRLIAKY UF SIAF ALLAHASSEE, FLORI
If the limited liability comconfirmed that after the cland the business office of liability company, it is here the members of the limited the operating agreement of	nange or changes are the registered agent beby confirmed that t	made, the Flow will be identich he change(s) w	rida street addres al. Or, in the cas vas/were authoriz	ss of the registere se of a Florida ling zed by an affirma	reby ed office mited ative vote of
			#	- 3	
(Signature of a member of authori	zed representative of a men	nber)			*,
James	Pogers				-
(Printed or typed name of signee)	U			·	
Thereby accept the appoi comply with the provision and I am familiar with an Chapter 608, F.S. Or, if t address, I hereby confirm	ntment as registered s of all statutes relat d accept the obligation his document is bein that the limited liabi	agent and agr ive to the prop ons of my posi. g filed to mere lity company h	ee to act in this of er and complete tion as registered ly reflect a chan; ias been notified	capacity. I furth performance of 1 agent as provid ge in the registed in writing of thi	er agree to my duties, led for in red office is change.
(Signature of Registered Agent)	, <u> </u>		, t		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00