## L97000001354

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Co	piesCertificates of Status
Special In	structions to Filing Officer:
	Office Use Only



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COR	PORATE	
AC	CESS, 236 East 6th Avenue . Tallahassee, Florida 32303	
\ 1	NC. P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666.	Fax (850) 222-1666
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\perp$

I I	Pursuant to the provisions of sections $608.416$ or $608.508$ , Florida Statutes, the undersigned limited iability company submits the following statement in order to change its registered office or registered gent, or both, in the State of Florida.
- A	. The name of the limited liability company is: 611 PELICAN LANDING, L.C.
	The mailing address of the limited liability company is: 4087 WALDEN
	AVENUE LANCASTER, N.Y. 14086
	12/5/97 197000001354
3	. Date of filing/registration in Florida 4. Document number
5	The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  CORPORATE ACCESS. TWO  MOUNT VERTIEN DOUBLE  JILLO-D THOMASTILLE RD.  Address  Address  2 2 3 2 3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5
	TALLAHASSEE FL 32303 SEE SEE SEE SEE
6	The name and address of the new registered agent and/or office:
	CORPORATE ACCESS, FNC POPULATE ACCESS, FNC POPULATE ACCESS, FNC POPULATE ACCEPTABLE)  Florida street address (P.O. Box NOT acceptable)
	TACLAHASSEEFL 32303  City, State and Zip
	If the limited liability company is not organized under the laws of the State of Florida, it is hereby onfirmed 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 ability 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)
1	DAVID ARNO
) Ca Ca	Printed or typed name of signee)  hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in hapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office daress, I hereby confirm that the limited liability company has been notified in writing of this change.  Signature of Registered Agent)
	Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18(10/99)