98000000400



ACCOUNT NO. : 072100000032

REFERENCE :

764727

4392748

AUTHORIZATION : '

COST LIMIT

ORDER DATE: April 1, 1998

ORDER TIME :

2:59 PM

ORDER NO. : 764727

CUSTOMER NO:

4392748

CUSTOMER: Gary W. Peal, Esq

Nelson Hesse

2070 Ringling Boulevard

Sarasota, FL 34237

700002479037--3

CHANGE OF AGENT

NAME: THE SUTTON GROUP SOUTH, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

DIVISION OF CORPORATION

	——CE	RTIFIE	ID COPY	
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Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company organiz	is of sections 608,416 or 60 ed under the laws of the State	08.508, Florida Statutes, e of Florida	the undersigned limited
submits the following stat the State of Florida.	ement in order to change its	s registered office or regis E PRINT)	stered agent, or both, in
la. The name of the limit	ed liability company is:	THE SUTTON GROUP	SOUTH, L.L.C.
lb. The mailing address	of the limited liability comp lorida 34228	oany is: <u>P: O. Box 800</u>	6
1c. Date of filing/registra	tion in Florida: 3/30/1998	Document number:	198000000400
2. The name and address	of the current registered age	ent and office:	
:	Louis M. Ursini		98 1741
	553 Sutton Place		B I
	Longboat Key, Flor	ida 34228	3 P
3. The name and address	of the new registered agent	and office: (P.O. Box NO	
	Corporation Service	e Company	TE 20
· ".	1201 Hays Street		-
<i>t</i>	<u>Tallahassee, Flori</u>		_
Such change was authorize company or as provided in	s are made, the street address identical. ed by affirmative vote of a the articles of organization or	majority of the members	of the limited liability.
Hasin MM	Musem	_ Clani	l 2,98
Lowis M.	thofized representative of a member)		(Date)
(Printed or typed name			•
	gistered agent and to accep by accept the appointment to comply with the provis ny duties, and I am familian	t service of process for the as registered agent and tons of all statutes relatives with and accept the obli	te above stated limited agree to act in this ive to the proper and gations of my position
Delibrahil. S	Ripper as agent	4-3-98	9
(Signature of Register	- '		(Date)
DIVISIO	n of Corporations, P.O. Bo	e obli, taliahassee, FL	32314

FILING FEE: \$35,00

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