# [980000]90

Plesse also chinge the:

Principal address

Mailing address
Manager/Member Detail address

To the following:

Joseph G. Viacava 1645 S.E. 40<sup>th</sup> Terrace Cape Coral, FL 33904

Any questions, please call Bill Moodie at (617) 387-7927

Thank you

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLGRIDA

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## 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.

ageni, or both, in the State of Florida.	o solution sylves or registered
1. The name of the limited liability company is:	esta Holdings, LLC
2. The mailing address of the limited liability company	<b>J</b>
	Cape Coral FLA 33990
7/23/1998	L98000001190
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered of	office address as shown on the records of the
Fiorida Department of State;	
Vigcava, Jose	e 1 01
<u>1235 S.E. Zn</u> Addre	SS TO D
City, State a	TLA 33990 = 5
6. The name and address of the new registered agent an	학교 학교 기계
	in the second
- Vigcava, Jos	<u>क्षित्र हैं।</u>
Florida street address (P.O.	om lengue == == ==
,	* '
Cape Cural FL City, State and	33704 d Zip
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	he laws of the State of Florida, it is hereby e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote of
(Signature of a member or authorized representative of a member)	<u></u>
(Printed or typed name of signer)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability completely.	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.
(Signature of Registered Agent)	
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314

INHS18(10/99)

**FILING FEE: \$25.00**