

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000057383 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)922-4000

from:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES,

Account Number : 075350000353

(212) 431-5000

Phone

Fax Number

(212) 431-1441

REGISTERED AGENT CHANGE

T & F REALTY LC

W-2762

Certificate of Status Certified Copy O 02 Page Count \$25.00 Estimated Charge

https://ccfss1.dos.state.fl.us/scripts/efilcovr.exe

10/31/00

P. 01 IS:OI OOOZII AON Fax:2124311441

BLUMB CORP SUCS

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

· · ·	OK DUILLED ENABILL	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of sec liability company submits the followagent, or both, in the State of Florida.	tions 608.416 or 608.508, wing statement in order to da.	Florida Statutes, the undersigned limited o change its registered office or registered
1. The name of the limited liability	company is: T&F RE	ALTY LC
4435 Old Winter Garden R	oad, Orlando, FL 32	811
		L99-2762
Date of filing/registration in Flo	rida 2	4. Document number
5. The name of the registered agent Florida Department of State:	and the registered office a	ddress as shown on the records of the
BILME	GEKOLSIOR CORPORATE SER	VICES, INC.
	Name	
4435	Old Winter Garden Ro	ad , c
	Address	
_ Orlan	do, Florida 32811	
	City, State and Zip	
. The name and address of the new	registered agent and/or off	fice:
Mr. An	tonio Bueti	
.c/o 5c	illa Motel ^N 3833 Golf	Blvd.
Florida:	street address (P.O. Box No	OT acceptable)
_St. Pe	te Beach, FL 337(06
	City, State and Zip	· · · · · · · · · · · · · · · · · · ·
f the limited liability company is no confirmed that after the change or clind the business office of the register is business of the limited liability company, it is hereby confirmed members of the limited liability the operating agreement of the limited liability of the operating agreement of the limited liability of the liability of	med agent will be identical, med that the change(s) was company or as otherwise pred liability company.	of the State of Florida, it is hereby la street address of the registered office Or, in the case of a Florida limited s/were authorized by an affirmative vote of rovided in the articles of organization or
Mr. Antonio Bueti / member Printed or typed name of signee)		
hereby accept the appointment as omply with the provisions of all stated I am familiar with and accept the hapter 608, F.S. Or, if this document idress, I hereby confirm that the life	registered agent and agree vites relative to the proper e obligations of my position of its being filed to merely nited liability company has	to act in this capacity. I further agree to and complete performance of my duties, n as registered agent as provided for in reflect a change in the registered office s been notified in writing of this change.
Signature of Pagistared Asset)	Buetz	
Division of Corp	orations, P.O. Box 6327, 7	Fallahassee, FL 32314
iHS18(10/99) Murillo	FILING FEE: \$25.0	
nbergExcelsior Corporate Services, Inc.	ı	H00000057383 2

New York, NY 10013 Nov 1 2000 10:51

62 White Street