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BATSEL, C.GUY ESO. 1861 PLACIDA ROAD, SUITE 204 ENGLEWOOD FI. 34223 City FL Zip Code 8. The above same certifity subtrigatins statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Subdata, hyper or follow, when or registered agent				it	Name	7. Name	and Address of New F	legistered Agent			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MERGE

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3/31/00 Date

Daytime Phone #

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