TERRY A. HYMAN CPA P.O. BOX 1100 WINDERMERE, FL 34786-1100 City/State/Zip Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	
(Corporation Name)	(Document #) 5000033595259 -08/16/0001071001 *****25.00 ******25.00
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _ ☐ Mail out ☐ Will wait	Certified Copy Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

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.

,	•						
1. The name of the limite	ed liability company is:	Ten	Broeck Ja	cksonvi	lle, LL	С	
2. The mailing address of	f the limited liability comp	oany is :	603 Main	Street	- P.O.	Box	110
			Winderme	re, FL	34786	-1100)
4/6/99			L99	0000020	41	-	
3. Date of filing/registrat	ion in Florida		4. Docum	ent numbe	T		
5. The name of the register Florida Department of	ered agent and the register State:	ed offic	e address as s	hown on th	ie records	of the	
· F	C T Corpora	tion					
		ame					
	1200 South	Pine	Island Ro	ad			
		dress			•		
	Plantation,		33324				
	City, Sta	te and 2	Zip				
6. The name and address	of the new registered agen	t and/or	office:				
	Kevin Barkı	nan					
	Na			 -	,		*. *
	603 Main St		·	}	2 8		
	Florida street address (P	.O. Box	NOT accept	able) j	AUG CRET/	711	
	Windermere]	FL 34	786		?\$ _		
	City, Stat	e and Z	ip			m	
and the business office of liability company, it is her of the members of the lin	npany is not organized und nange or changes are made the registered agent will be reby confirmed that the chaited liability company or at of the limited liability con	e, the Floor e identi ange(s) as other	orida street ac cal. Or, in the was/were aut wise provided	ldress of the case of a horized by	ie registere Floridalin an affirma	ed offic nited ative vo	nte
(Signature of a member or author	rized representative of a member)		•		•		
Donald R. Dizney,	CRO Member						
(Printed or typed name of signee)			-				-
I hereby accept the appoing comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm with an Chapter South Canan	intment as registered agent s of all statutes relative to d accept the obligations of his document is being filed that the limited liability co	t and ag the prof my pos d to mer ompany	ree to act in i per and comp ition as regisi rely reflect a c has been noti	this capaci lete perfor tered agent hange in t ified in wri	ty. I furthe mance of n t as provid he register ting of this	er agre ny duti ed for ed offic chang	e to es, in ce ge.
(Signature of Registered Agent)	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	-					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

NHS18(10/99) FILING FEE: \$25.00