## 199000003914

Stephens Holdings, LC			
Post Office Box 145			
Mango Ft 33550			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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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.

f. The name of the limited liability company is:	Stephens Holdings, LC		·
2. The mailing address of the limited liability co	ompany is : Post Office Box 145		•
Mango, FL 33550			
06/30/99	L9900003914		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the regis Florida Department of State: Carter B. McCain	stered office address as shown on the records	of the	_
400 North Tampa S	Name Street, Suite 2300		
Tampa, FL 33602	• · · · · · · · · · · · · · · · · · · ·		
•	State and Zip	) 70	
6. The name and address of the new registered a	gent and/or office:	04 OCT 22	
Carter B. McCain	<u> </u>	. 22	-
201 North Tampa S	Name Street, Suite 2000	=	m
	ss (P.O. Box NOT acceptable)	AM 10: 49	U
Tampa,	FL 33602	d to	
City, S	State and Zip		•
If the limited liability company is not organized confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the the members of the limited liability company or the operating agreement of the limited liability company of the limited liability company or the operating agreement of the limited liability company of the limited liability company or the operating agreement of the limited liability company or the limited liability company or the operation of a member of authorized representative of a member of a member of authorized representative of a member of	nade, the Florida street address of the register ill be identical. Or, in the case of a Florida lie change(s) was/were authorized by an affirm as otherwise provided in the articles of organ company.	ed office mited ative vo	te of
Robert D. Stephas			
(Printed or typed name of signee)  I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability (Signature of Registered Agent)	gent and agree to act in this capacity. I furthe e to the proper and complete performance of any position as registered agent as provi- filed to merely reflect a change in the registe ty company has been notified in writing of the	er agree my duti ded for i red offic is chäng	es, es, in e e.

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

INHS18(10/99)

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