

FILED
Feb 28, 2005 08:00 AM
Secretary of State



Mailing Address

110 S. ARMENIA AVE
TAMPA, FL 33647

[illegible]

CR2E083 (10/03)

| |
|----------------|
| Applied For |
| Not Applicable |

\$5.00 Additional
Fee Required

FERGUSON, JULIE M
110 S.ARMENIA AVE
TAMPA, FL 33609

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. MANAGING MEMBERS/MANAGERS

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone #