199050005274 Requestor's Name

	Reque or's Name			^ <i> </i>
315 S. Cal	Lhoun St.			
	Address			
Tallahasse	e, Fl. 32301	425-5686		
	ite/Zip Pho	ne#	Office Use	Only
		· 1		
CORPORATIO	n name(s) & do	CUMENT NUM	BER(S), (if known):	PILED DO MAR 14 PM SECRETARY OF ALLAHASSEE.
1. 1099	, L. C.		nument #)	FILED 114 PI 1ARY O ASSEE
(C	orporanoa Name)	(100	thinat *)	
2	rporation Name)	Ф	ument #)	======================================
(CC	st bot attor (same)	(•	- RE 53
3(Co	rporation Name)	(Doc	ument #)	
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4(Ca	rporation Name)	(Doct	iment #)	2 5071
·	•		14	9-5214
☐ Walk in	Pick up time	1:00	Certified Copy	10210
			Certificate of State	
Mail out	■ Will wait	Photocopy	Certificate of State	
NEWSTHEINGS-	AMBONDMAG	IN STATE		
	Amendment			
Profit		A Office/Director		
NoaProfit		A, Officer/ Director		
Limited Liability	Change of Regis	tered Agent	7. 24	Perlinar
Domestication	Dissolution/With	drawal		
Other	Merger			
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OTHER FILINGS	REGISTER		-03/14	4/0001084005
Annual Report	QUAHEE	ATION	東東東東	*50.00 *****25.00 >>
Fictitious Name	Foreign			
	Limited Partnersh	ip		
Name Reservation	Reinstatement			
	Trademark		\(\sigma_{\text{\tin}\text{\tex{\tex	O MAR IN MINING OF THE PARTY OF
			A CONTRACTOR OF THE CONTRACTOR	
	Other		S	

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 limited	d liability compa	any is:1099,	L.C.	
2. The mailing address of	the limited liabi	ility company is:	707 South Was	hington Blvd.,
Sarasota, Florid	la 34236			•
			-	
<u>August 24, 1999</u>		· · · · · · · · · · · · · · · · · · ·	<u> 19900000527</u>	
3. Date of filing/registrati	on in Florida		4. Document num	ber
5. The name of the registe	red agent and the	e registered office	address as shown or	n the records of the
Florida Department of S	State:			
-	Robert E.	Messick		FIL MAR I 4 CRETARY LAHASSE
		Name		SS I F
	2033 Main	Street, Sui	te 600	FILED 14 PM ARY OF ASSEE, F
		Address		
	Sarasota,	FL 34237		2: 5 STAT LORN
		City, State and Z	lip .	DE 33
6. The name and address of	of the new registe	ered agent_and/or	office:	
	John Tosch	ı		
		Name		
	707 South	Washington 1	Boulevard	<u></u>
•	Florida street a	address (P.O. Box	NOT acceptable)	
	Sarasota	FL	34236	
		City, State and Zip)	-,
If the limited liability comconfirmed that after the chand the business office of liability company, it is here the members of the limited the operating agreement of	tange or changes the registered age eby confirmed the liability compared the limited liability compared the liabilit	are made, the Florent will be identiced at the change(s) only or as otherwise illity company.	orida street address of cal. Or, in the case of was/were authorized	f the registered office f a Florida limited by an affirmative vote of
(Signature of a member or authorize	zed representative or a	a member)		
VELNON 6. BUC	HANAN			
(Printed or typed name of signee)			•	
Whole	intment as regis s of all statutes d accept the obl this document is that the limited	tered agent and a relative to the pr ligations of my po s being filed to m liability compan	igree to act in this of oper and complete position as registered erely reflect a changy has been notified	capacity. I further agree to performance of my duties, lagent as provided for in ge in the registered office in writing of this change.
(Signature of Registered Agent)				

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

INHS18(10/99)

FILING FEE: \$25.00