

UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, Florida 32301 (850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

## L99000000077-

November 8, 2000

SERVICES -	C	ORPORATION NAME (S) AND DOCU.	MENT NUMBER (S):	
Filing Evidence  ☑ Plain/Confirmation Copy		Type of Docum  ☐ Certificate of Sta		
□ Certified Copy		□ Certificate of Good Standing		
		□ Articles Only		
Retrieval Request  □ Photocopy		Articles & Amer	<ul> <li>□ All Charter Documents to Include Articles &amp; Amendments</li> <li>□ Fictitious Name Certificate</li> </ul>	
☐ Certified Copy		□ Other		
NEW FILINGS		AMENDMENTS	]	
Profit		Amendment		
Non Profit		Resignation of RA Officer/Director		
Limited Liability	x	Change of Registered Agent		
Domestication			034568494 /08/0001024005	
Other		Merger	**350.00 *****25.00	
OTHER FILINGS		REGISTRATION/QUALIFICATION	OO SEI	
Annual Reports		Foreign	NOV NOV CRET LAH/	
Fictitious Name		Limited Liability	ARY ARY SSE	
Name Reservation		Reinstatement	APPROVED AND FILED 0 NOV -8 PM 12: 15 ECRETARY OF STATE LLAHASSEE, FLORID,	
Reinstatement		Trademark	Z: 15 TATE ORID	
<del></del>		Other	A	

JR80

## 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.

9/27/99		L9900006077		
3. Date of filing/regist	ration in Florida	4. Document numb	er	
5. The name of the reg Florida Department		gistered office address as shown on	the records of the	
	RAINS, JOHN H III			
		Name	-	
	201 N FRANKLIN ST	REET, SUITE 2200		
		Address		
	TAMPA, FL 33602	<u> </u>		
	Cit	y, State and Zip	<b>=</b>	
6. The name and address of the new registered agent and/or office:			00 NOV SECRET ALLAH	
	NRAI SERVICES, INC	C.		
		AN FILL FILL ASSE		
	526 E PARK AVENUE	Ξ		
	Florida street addre	ess (P.O. Box <b>NOT</b> acceptable)	12: 1 STAT STAT	
	TALLAHASSEE	FL 32301	Šķ G	
	City,	, State and Zip		
confirmed that after the and the business office liability company, it is the members of the lim the operating agreement the confirmed that after the and the business of the limit the operating agreement.	e change or changes are of the registered agent hereby confirmed that the		the registered office a Florida limited by an affirmative vote of	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. NRAI SERVICES, INC.

Ed Hand, ans. see

(Signature of Registered Agent) ED HAND, ASST. SEC.

(Printed or typed name of signee)

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

**FILING FEE: \$25.00** 

INHS18(10/99)