

UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, Florida 32301

HOLD FOR PICKUP BY **UCC SERVICES** OFFICE USE ONLY

(850) 681-6528

November 8, 2000

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

 	NHC Plac	e/Merritt Island LL	<u>C</u>		
	······································				
Filing Evidence  ⊠ Plain/Confirmatio	n Copy			Type of Docum Certificate of Sta	
□ Certified Copy				Certificate of Go	ood Standing
				Articles Only	
Retrieval Reque  □ Photocopy  □ Certified Copy	<u>st</u>			All Charter Doct Articles & Amer Fictitious Name Other	Certificate
NEW FILINGS		AMENDMENTS	<u> </u>		APPROVEL AND FILED  00 NOV -8 PH 12: 2  SECRETARY OF STAT ALL AHASSEE. FLORE
Profit		Amendment		-	HIZ:
Non Profit		Resignation of R.	A O	fficer/Director	22 PRID
Limited Liability	x	Change of Regist	ered	Agent	
Domestication		Dissolution/With	drav	val	
Other		Merger			
				1 000	034568419
OTHER FILINGS		REGISTRATION	1/Q1	TAT TELOATEON -1	1/08/0001024005 ***350.00 *****25.00
Annual Reports		Foreign			
Fictitious Name		Limited Liability			
Name Reservation		Reinstatement			
Reinstatement	Trademark				1 Box
		Other			] 7800
					- ' '

## 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.

10/04/99	L99000006385				
3. Date of filing/registration in Florida	4. Document number				
5. The name of the registered agent and the Florida Department of State:	registered office address as shown o	on the records of the			
RAINS, JOHN H II					
	Name				
201 N FRANKLIN	STREET, SUITE 2200	-			
	Address				
TAMPA, FL 33602	City, State and Zip	Fig. C			
6. The name and address of the new register	*	OO NOV SECRET			
NRAI SERVICES,	INC.	ASS -8 FILA			
526 E PARK AVEN	Name	FILED FILED 10V -8 PH IZ: 22 RETARY OF STATE AHASSEE, FLORID			
Florida street ad	ldress (P.O. Box NOT acceptable)	7ATE ORIDA			
TALLAHASSEE	FL 32301				
C	ity, State and Zip				

(Signature of a member or authorized representative of a member)

(Printed or typed name of signee)

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.

NRAI SERVICES, INC. A Jand hast. See
(Signature of Registered Agent)

ED HAND, ASST. SEC.

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

**FILING FEE: \$25.00** 

INHS18(10/99)