## 199000007534 FILED

02 UEU 20 PM 12: 04

(F	Requestor's Name)	
(A	ddress)	
A)	ddress)	
(C	city/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(E	susiness Entity Nar	me)
(C	Occument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500009561725

12/20/02--01029--003 \*\*25.00

AL

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Purstiant 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.

agent, or both, in the state	•		
1. The name of the limited	d liability company i	is: CML Consultant, LLC	
2. The mailing address of	the limited liability	company is: 8930 Bay Color	y Drive, Suite 1103
Naples, Florida 34108			
November 8, 1999		L9900000753	34
3. Date of filing/registration in Florida		4. Document nu	mber
5. The name of the register Florida Department of S	red agent and the reg State: Michael W. McAr	gistered office address as shown	on the records of the
	850 Parkshore D		- 01
	Naples, FL 3410	Address 03 ty, State and Zip	FILED PA
6. The name and address of	of the new registered	l agent and/or office:	200
	Charles M. Lavin	ı, Jr.	100
	8930 Bay Colony	Name Drive, Suite 1103	
·	Florida street addr	ress (P.O. Box NOT acceptable)	
	Naples	FL 34108	·
	City	, State and Zip	
confirmed that after the ch	nange or changes are the registered agent reby confirmed that to d liability company of the limited liability		s of the registered office e of a Florida limited
Charles M. Lavin, Jr.		·	
(Printed or typed name of signee)		d manut and named to get in this	annaity I further governto
comply with the provision and I am familiar with an Chapter 608, F.S. Or, if taddress, I hereby confirm	niment as registered is of all statutes relaid accept the obligation is being the limited liab	d agent and agree to act in this c tive to the proper and complete ions of my position as registered in filed to merely reflect a chan fility company has been notified	capacity. I juriner agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.

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

INHS18(10/99)

(Signature of Registered Agent)

Da

**FILING FEE: \$25.00**