

Division (Norse) 2000000003351 Florida Department of State

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

Pursuant to the provisions of liability company submits the agent, or both, in the State of	of sections 608 following sta Florida	8.416 or 608.508. Flo tiement in order to ch	orida Statutes, the ange its registere	s undersigned limited id office or registered
I. The name of the limited lis				 -
2. The mailing address of the		-	Orchard Vista SE, Gr	and Rapids, MI 49546
January 23, 2002			MO	R000000 233
3. Date of filing/registration i	n Florida	4. D	ocument number	
5. The name of the registered Florida Department of State	agent and the	registered office addre	ss as shown on th	e records of the
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6. The name and address of the	e new register	ed agent and/or office:		03 DEC 16 SECRETARY TALLAHASSEE
CT	Corporation Syst	A777		
<u></u>	Corporation 5/5.	Name	· · · · · · · · · · · · · · · · · · ·	
1200 South Ping Island Road			H:2	
Florida street address (P.O. Box NOT acceptable		acceptable)	₽# 20	
91_		W		
Pigi	mation.	FL 33324		
If the limited liability company	v is not organi:	ty, State and Zip zed under the laws of t	the State of Plorid	la it is hereby
and the business office of the liability company, it is hereby the members of the limited lia the operating agreement of the	e or changes are registered agen confirmed that bility company in him ted liability	re made, the Florida she will be identical. On the change(s) was/we or as otherwise providity company.	reet address of the ; in the case of a) are suthorized by	registered office Florida limited
(Signature of a momber of authorized re	presentative of a m	ember)		
Princed or typed trame of signee)	٤			
I hereby accept the appointme comply with the provisions of and I am familiar with and acceptable 508, F.S. Or if this address, I hereby confirm that Confirm that the provision of logistical Agent)	ept the obligation of the limited lia	titive to the proper and tions of my position as ng filed to merely refl bility company has bee	i complete perjori regulfered agent ect a change in th en notified in writ	mance of my auties, as provided for in errogistered office ing of this change.
Division of	Corporations	, P.O. Box 6327, Talk	ahassee FL 323	14

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