## M02000001756

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Patrio 3113	redman, CEO ot Enterprises, LLC Geneva Lane				
Sprin	igfield, IL 62707 ——		50000754 -09/05/02	175959 01067- <u>0</u> 02	
City/State/2	Zip Phone	#	*****25.00 *****25.00		
		<del>                                     </del>	Office Use Only		
CORPORATION	NAME(S) & DOC	UMENT NUMBER(S),	(if known):		
1. Patriot	ENTER PRISES orporation Name	(Document #)			
2(C	orporation Name)	(Document #)			
3(C	orporation Name)	. (Document #)		AF 02 SEP SECRETI	
4(C	orporation Name)	(Document #)	<del></del>	ARY OF STANSOARY O	
☐ Walk in ☐ Mail out	☐ Pick up time☐ Will wait	Photocopy	Certified Copy Certificate of S		
NEW FILINGS	<u>.</u>	AMENDMENTS			
Profit Not for Prof Limited Lia Domesticati Other	bility	Amendment Resignation of Change of Reg Dissolution/Wi Merger		- -	
OTHER FILIN	<u>GS</u>	REGISTRATION	/QUALIFICATION		
Annual Report Fictitious Name		☐ Foreign ☐ Limited Partne ☐ Reinstatement ☐ Trademark			

Examiner's Initials

A TOTAL

CR2E031(7/97)

## 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 limite	ed liability company is:	Patriot En	terprises, LLC		
2. The mailing address of				Springfield, IL	
62707	·				
July 3, 2002	M02000001758				
3. Date of filing/registration in Florida			4. Document number	er e e e e e e e e e e e e e e e e e e	
5. The name of the register Florida Department of		tered office a	address as shown on t	the records of the	
	6219 Savannnah Bi	Name reeze Cour	t Apt 2002		
	Tampa, FL 33625	Address		<b>7</b>	
6 TDI 1.11	•	State and Zij	•	DZ S	
6. The name and address of the new registered agent and/or office:  Sheri Carty				02 SEP -5 SECRETARY ALLAHASSE	77
	919 Golf Island Driv	Name /e			777
	Florida street address	(P.O. Box I	NOT acceptable)	ID: 13 STATE LORID	
	Apollo Beach	FL 3357	2	> W	_
	City, St	tate and Zip			
If the limited liability com confirmed that after the cl and the business office of liability company, it is her the members of the limite the operating agreement of the limite the operating agreement of member or author	nange or changes are ma the registered agent will reby confirmed that the d liability company or a of the limited liability co	ade, the Flor II be identica change(s) was otherwise ompany.	ida street address of tall. Or, in the case of a salwere authorized by	the registered office a Florida limited y an affirmative vote of	•
` 5	zed reprosentative or a member	4)			
Sheri Carty (Printed or typed name of signee)					
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or if address, I hereby confirm		gent and agree to the prope s of my positiled to merei y company h	ee to act in this capa er and complete perfo ion as registered age ly reflect a change in as been notified in w	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.	
(Signature of Registered Agent)  Divisio	on of Corporations, P.O	O. Box 6327	, Tallahassee, FL 3	2314	
			•		

INHS18(10/99)

FILING FEE: \$25.00