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January 21, 2003

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

RE: CHANGE OF REGISTERED OFFICE

Dear Sir/Madam:

Enclosed please find 1 Change of Registered Office for a Limited Liability Company along with our check in the amount of \$25.00 for the cost of this filing.

If you have any problems or questions regarding this, please contact my office.

Sincerely,

Tracy Hatfield

Registered Agent Specialist

National Corporate Research, Ltd.

/tah

Enclosures

SECRETARY OF STATE

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 limited	d liability company	is: IMPERIA	L PROPERTIES	, LLC			- -
2. The mailing address of							
Syracuse, NY 1322			en e	\$ 11 € 11			
12/30/02			M0200000349	8		-	_
3. Date of filing/registrati	on in Florida		4. Document nur	nber			
5. The name of the register Florida Department of S				on the record	ls of th	1e	
, <u>1</u> 2	1406 Hays Street	Name		-	÷÷		
	Tallahassee, FL	Address 32301 ity, State and Z	ip		,		
6. The name and address of		•	*		Z S	03	
	National Corpor	ate Research,	Ltd., Inc.			JAN 24	
	103 N. Meridian	Name Street			3884 711V		
•	Florida street add	lress (P.O. Box	NOT acceptable)	• !		A	90
	Tallahassee	_{FL} 3230	11	_	35	အ	
·	Cit	y, State and Zip)		Þ.	&	
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of	nange or changes are the registered agent confirmed that displictly company	te made, the Flo t will be identice the change(s) we or as otherwise	rida etraat addrace	of the regict.	ared a	ffica	of
(Signature of a member or authori	zed representative of a m	ember)					
Gerald F. Stack		Person	e zast				
(Printed or typed name of signee) I hereby accept the appoint of the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm the familiar of Registered Agent)			ree to act in this ca per and complete p tion as registered ely reflect a change has been notified i	spacity. I fur erformance agent as pro e in the regis n writing of t	ther a of my vided tered this ch	Igree duties for in office iange	to i,

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

FILING FEE: \$25.00

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