M0300000642

(R	equestor's Name)	
(iv	oquoun o raino)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	? #)
PICK-UP	☐ WAIT	MAIL
(1)		
(B	usiness Entity Nan	ne)
(D	ocument Number)	
•	,	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
MMZ 11/2		
11107-646		
MO3-642	Office Use Onl	у



500057756275

08/12/05-01004-002 **25.00

05 AUG -9 AH II: 26
SEUTETT OF STATE
TALLAGASSEE, FLORID

July 13, 2005

Florida Department of State Amendment Section Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: 2003 CDC Manager, LLC

exu Sandell

Doc #M03000000642

Please be advised that the mailing address of the above referenced Limited Liability Company has changed.

I have also enclosed a Statement of Change of Registered Agent, as well as our check in the amount of \$25.00 to cover the filing fee.

Please don't hesitate to call me at 321-242-9917 if you have any questions or need additional information.

Sincerely,

Renée Sandell

SECRETATE ATTILE 26
TALLAHASSEE, FLORIDA

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:	2003 CD	C MANAGER, L.	.L.C.		
2. The mailing address of					, Inc.	
8226 North Wickham F						
02/24/2003			M0300000064	12		
3. Date of filing/registration in Florida			4. Document nur	mber	-	
5. The name of the register Florida Department of S		stem	address as shown	on the reco	ds of the	
	1200 South Pine Isla	Name and Road				
	Plantation, Florida 3	Address 3324 State and Z	p	- 		
6. The name and address of	of the new registered ag	ent and/or o	office:			
	Transom Developme	ent, Inc.				
	8226 North Wickhar	lame n Road, Si	uite 200	•		,
-	Florida street address	(P.O. Box	NOT acceptable)			
	Melbourne	FL 3294	0 ,			
•	City, St	ate and Zip	and a second	TAL TAL	05	
If the limited liability come confirmed that after the chand the business office of liability company, it is here the members of the limited the operating agreement of the operation	ange or changes are mathe registered agent will eby confirmed that the dilability company or a f the limited liability co	ide, the Flor I be identic change(s) w s otherwise impany.	rida street address al. Or, in the case as/were authorize	of the regis of a Florid: d by an affi	tered office a limited rmative vo	e : te of
Michael D. Hurst			22 3 25			
(Printed or typed name of signee)					. 7	,
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm Barres of Registered Agent)	niment as registered ags of all statules relative lacept the obligations is being fit that the limited liability	ent and agi to the prop of my posi- led to mere company)	ee to act in this ca er and complete p tion as registered i ly reflect a change ias been notified in	ipacity. I fi erformance agent as pro in the regi n writing of	rther agree of my duti vided for i stered offic this chang	e to es, in e e.

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

INHS18(10/99)

FILING FEE: \$25.00