M03000002537

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

Examiner's Initials

CONTACT:	KATIE WONS	<u>SCH</u>	TALL T
DATE:	<u>3/26/04</u>		AR 26 AHASS
REF. #:	010001.24839		O4 MAR 26 AM 8: 52 SECRL TARY OF STATE TALLAHASSEE, FLORID
CORP. NAME:	WEISS PENSA	ACOLA LLC	DRIDA ORIDA
() ANNUAL REPORT () FOREIGN QUALIFIC	CATION ((ANCELLATION		() FICTITIOUS NAME
		H CHECK# <u>501844</u> FOR COUNT IF TO BE DEBITED	
		COST LIM	HT: \$
PLEASE RETUR () CERTIFIED COPY () CERTIFICATE OF	() CEF	ETIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COPY

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.

- -	f the limited liability company NAY, PENBACOLA, FL 32514	is :		
JULY 25, 2003 3. Date of filing/registration in Florida		M03000002537 4. Document number		
	Name 8240 NORTH DAV		Υ	R2
	Addres PENŞACOLA	s FL	32514	E O P
	City, State a	nd Zip		8: 5: STAT
6. The name and address	of the new registered agent an	dor office:		H 8: 52 F STATE FFLORID
	National Corporate Re	esearch, Lt	d., Inc.	<u> </u>
	Name 103 N. Meridi	un Straat		
	Florida street address (P.O.		(cceptable)	
	Tallahasses	FL	32301	
	City, State an	d Zip		
confirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement	mpany is not organized under the change or changes are made, the fifthe registered agent will be in exeby confirmed that the change ed liability company or as other of the limited liability company or the limited liability or the limited liability or the limited liability company or the limited liability or the liability or the liability or the liabil	e Florida str lentical. Or, c(s) was/we rwise provid	reet address of the , in the case of a l re authorized by :	e registered office Florida limited en affirmative vote o
Arthory (Printed or typed name of signal				
I hereby accept the appe comply with the provision and I am familiar with a Chapter 608. F.S. Or. if	ointment as registered agent as ns of all statutes relative to the nd accept the obligations of my this document is being filed to n that the limited liability com	id agree to a proper and position as merely refle	act in this capaci I complete perfor registered agen ect a change in t	ty. I further agree to mance of my duties, tas provided for in the registered office ting of this change.