M03000002867

(Requestor's Name)					
Carmel Capital LLC 374 Intrepid Way Indialantic, FL 32903					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
~					
Special Instructions to Filing Officer:					
11/9 PfA Change					
mo3-2867					
Office Use Only					



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11/09/04--01034--002 **25.00



7 NOV -9 PM 4: 30

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 lial	oility company is:	Carmel	Capital	LLC	
2. The mailing address of the	imited liability con	ipany is : _ 28 4		Lich	#20
West Mel	17 sanna	. 32903			
812512003		_ /	1030000	18500	_Te
3. Date of filing/registration in	Florida	4. Doo	ument number		
5. The name of the registered a Florida Department of State	_	red office address DeLvz, o Name		records of t	he
	N.Melhor	Circle #	32804	Āw	0
6. The name and address of the		ent and/or office:			04 NOV -9
Fic	orida street address	ame, a War	1	ASEEF LOI	-9 PM 4: 30
Indi	City, Sta	FL 3298	3	AGA	30
If the limited liability company confirmed that after the change and the business office of the r liability company, it is hereby the members of the limited liab the operating agreement of the (Signature of a member or authorized re	e or changes are ma egistered agent will confirmed that the co lility company or as limited liability cor	de, the Florida stre be identical. Or, i hange(s) was/were otherwise provide npany.	et address of the in the case of a F authorized by a	registered o lorida limite n affirmativ	office ed re vote of
•	حكري				
(Printed or typed name of signee)		· · · · · · · · · · · · · · · · · · ·			
I hereby accept the appointme comply with the provisions of a and I amfamiliar with and acc Chapter 608, F.B. Or, if this a address, I hereby confirm that	nt as registered age all statules relative ept the obligations ocument is being fil the limited liability	ent and agree to act to the proper and c of my position as r led to merely reflec company has been	t in this capacity complete perforn egistered agent it a change in the notified in write	n. I further of nance of my as provided e registered ing of this cl	igree to duties, for in office hänge.
(Signature of Registered Agent)					

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