

Division of Corporations Public Access System

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## REGISTERED AGENT CHANGE

## SK SHEMOR & ASSOCIATES, LLC

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P.02

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

|  | BOTH FOR PRINT   | ien hind   | MII COMEMIE   |   |   |                   |
|--|--|--|---|---|---|-------------------|
| Pursuant to the provision<br>liability company submits<br>igent, or both, in the State   | the following staten<br>e of Florida.  | nent in order  | r to change its regis   | tered offic <del>e</del> ör i   | ed limi<br>registe:                                 | ted<br>red        |
| 1. The name of the limite  | d liability company is   | SK SHE   | MOR & ASSOCIA   | TES, LLC  |   |                   |
| 2. The mailing address of  | the limited liability of   | company is :   | 813 N. W. 34th, N   | Moore, OK 731   | 60  |                   |
| 9/15/2003  | · · · · · · · · · · · · · · · · · · ·  |  | M03000003086  | }   |   |                   |
| 3. Date of filing/registrati   | on in Florida  |  | 4. Document num   | iber  |   |                   |
| 5. The name of the registe Florida Department of   |  | '  | e address as shown o  | n the records of  | the   |                   |
|  | 14. V. Celvices, III   | Name   |   |   |   |                   |
|  | 2731 Executive P   |  |   |   |   |                   |
|  | Worten El Oggod  | Address  |   |   | _   | ۸IG               |
|  | Weston FL 33331  | y, State and   | Zip   |   | )7/   | DIVISION          |
| 6. The name and address  | •  | • •  | •   |   | AUG I   | 0                 |
|  | Business Filings I   | ncorporate   | d   |   | 5   |                   |
|  | 1203 Governors S   | Name<br>Square Blvo  | I Ste. 101  | •   | <b>A</b>  |                   |
|  | Florida street addre   | ess (P.O. Bo)  | x NOT acceptable)   |   | ದು.   | <u>:</u> .        |
|  | Tallahassee  | FL 323   | 01-2960   |   | 9   |                   |
|  | City,  | State and Z  | ip  |   |   |                   |
| If the limited liability conconfirmed that after the cland the business office of liability company, it is here the members of the limite the operating agreement of the limite operating agreement of the limite of | hange or changes are the registered agent verby confirmed that if d liability company of the limited liability                 | made, the Fl<br>will be ident<br>he change(s)<br>or as otherwis<br>company.    | orida street address of<br>ical. Or, in the case of<br>was/were authorized  | of the registered<br>of a Florida limi<br>l by an affirmati                                       | office<br>ted<br>ve vote                            | <b>2 O</b> F<br>1 |
| Steve Morgan, Membe  | >r   |  |   |   |   |                   |
| (Printed or typed name of signee)  |  |  | .,  | •   |   |                   |
| I hereby accept the appoint the appoint of the provision and I am familiar with an Chapter 608, F.S. Or if it address, I hereby confirm  | ntment as registered<br>s of all statutes relati<br>d accept the obligation<br>his document is being<br>that the limited liabl | agent and a<br>ive to the pro<br>ins of my po<br>g filed to me<br>lity company | gree to act in this can<br>oper and complete pe<br>sition as registered a<br>rely reflect a change<br>thas been notified in | pacity. I further<br>informance of m<br>gent as provide<br>in the registered<br>writing of this ( | agree<br>y dutie:<br>1 for in<br>1 office<br>change | 10<br>5,<br>1     |
| <u> </u>   | 2  | Mark W   | Illams, AVP, Business   | Filings Incorporat  | ed  |                   |
| (Signature of Registered Agent)  |  |  | **  |   |   |                   |

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

INES18(10/99)

**FILING FEE: \$25.00** 

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