

Florida Department of State

Division of Corporations
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To:

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From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112 Phone : (302)575-0875

Fax Number : (302)575-0925

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REGISTERED AGENT CHANGE

GENERATIONS MANAGEMENT LLC

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Jun-\$0-2004 01:12pm From-DAVID WILLIAMS LAW FIRM PA

202-575-0925

T-867 P 005/006 F-870



FLORIUA DEPARTMENT OF STATE Glenda E. Hood Semesary of State

June 30, 2004

GENERATIONS MANAGEMENT LLC 13919 S. WEST BAY SHORE DRIVE, STE. C-01 TRAVERSE CITY, FL 49684

SUBJECT: GENERATIONS MANAGEMENT LLC REF: M04000000855

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Jun-30-2004 01:12pm From-DAVID WILLIAMS LAW FIRM PA

302-575-0925

T-967 P 006/006 F-970

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

Pursuant to the provisitional submit agent, or both, in the Sta	ons of sections 608.416 ts the following statem tte of Florida.	6 or 608.508, Florida Status ent in order to change its re	es, the undersigned limited sistered office or registered
1. The name of the limit	ed liability company is:	. Generations Managema	nt LLC
		ompany is : 13919 S. West	
Suite G-01, Traverse			
February 20, 2004 M0400000085		155	
3. Date of filing/registra	tion in Florida	in Florida 4. Document num	
5. The name of the regist Florida Department of	tered agent and the regis f State: Melvin K. Nielson	stered office address as shown	on the records of the
	(4014)11.14(0.30)1	Name	
	1700 SW Thornbei	rry Circle	
	Palm City, FL 3499	Address	
		State and Zip	- 30 G
6. The name and address	of the new registered a	gent and/or office:	04 JUNE 30 AM 9: 29
Agents and Corporations, Inc.		9: ?	
	773 4th Avenue No	Name orth, Suite E	29
	Florida street addres	s (P.O. Box NOT acceptable))
	Naples	FL 34102	
	City, S	State and Zip	
confirmed that after the cand the business office of liability company, it is he the members of the limit the operating systement.	change or changes are me f the registered agent we preby confirmed that the ed liability company or of the limited liability of	<u> </u>	s of the registered office e of a Florida limited ed by an affirmative vote of
(Signature of a member of suind	nzed foresentative of a member	a)	
Keith M. Nielson and		nagers	
(Printed or typed name of signee	,		
I hereby accept the appa comply with the provision and I am familiar with at Chapter, 608, F.S. Or, if addraw, Thereby confirm (Signature of Registered Agent)	intment as registered and so all statutes relative and accept the obligation this document is being in that the limited liability (IN)	gent and agree to act in this of to the proper and complete to the proper and complete to filed to merely reflect a changly company has been notified	apacity. I further agree to performance of my duties, agent as provided for in either edition in the registered office in writing of this change.
/ /	on of Corporations, P.	O. Box 6327, Tallahassec, F	I. 32314

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