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## Florida Department of State

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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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.

<del> </del>	(b	)
Principal office address of limited liability company. (Note: MUST RESTREET AUDRESS)	•	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2004 WEDGE CT.		2004 WEDGE CT.
SUN CITY CENTER, FL 33573		SUN CITY CENTER, FL 33573
5/17/2004		M04000001869
Date of filing/registration in Florida	4.	Document number
JUDITH MELLOR		
Registered Agent and Registered Office shown on the moon	h of the Florid	Dept. of State:
Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS	2
4175 53RD AVENUE SOUTH		
ST. PETERSBURG	.FL 33711	
	, FL	
JUDITH MELLOR		n-mad
Enter name of NEW Resistered Agent and/or NEW Regist	tered Office ad	
13		— — — — — — — — — — — — — — — — — — —
Judita Mellor		
NRW Registered Office Address:		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
2004 WEDGE CT.		7.7.5 A.2.5
SUN CITY CENTER	FL 33573	<u> </u>
inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limit ern authorized by an affirmative vote of the memb	ss of the regi ed liability co ers of the lin	state of Florida, it is hereby confirmed that after the stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
icles of organization or the operating agreement of	f the limited	liability company.
Sudith Meller	<u> 10</u>	DITH MELLOR
turo of a member or authorized representative of a member	,	Printed or typed name of signer
by accept the appointment as registered agent and lons of all statutes relative to the proper and com	d agree to ac plete perform suided for in	t in this capacity. I further extree to comply with the sance of my dulies, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been

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

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