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PICK-UP WAIT M	1AIL
(Business Entity Name)	1307 E 37 C3
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Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	
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Office Use Only

**150.00

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

BOTH FOR LIMITED LIABILITY COMPANY	
Pursuant to the provisions of sec liability company submits the folloagent, or both, in the State of Flori	tions 608.416 or 608.508, Florida Statutes, the undersigned limited owing statement in order to change its registered office or registered ida.
1. The name of the limited liability	y company is: GATOR LEASING COMPANY LLC 29 P 12: 39
	ted liability company is: 175 W. LINCOLNWAY. TO STATE FLORIDA
VALPARAISO, IN. 46383	
6/7/04	M0400002243
3. Date of filing/registration in Flo	orida 4. Document number
5. The name of the registered agent Florida Department of State:	t and the registered office address as shown on the records of the
*	DIRECT AGENTS, INC.
515 F	Name PARK AVE.
- 10 L.	Address
TALLA	HASSEE, FL. 32301
	City, State and Zip
6. The name and address of the new	v registered agent and/or office:
DAVID	A. ROSSMAN
747 FC	Name DURTH ST. SUITE 100
Florida	street address (P.O. Box NOT acceptable)
MIAMI	BEACH FT 33139
	City, State and Zip
confirmed that after the change or cand the business office of the regist liability company, it is hereby confi	changes are made, the Florida street address of the registered office tered agent will be identical. Or, in the case of a Florida limited irmed that the change(s) was/were authorized by an affirmative vote of company or as otherwise provided in the articles of organization or ted Hability company.
(Signature of a member or authorized represer	tative of a member)
DAVID A. ROSSMAN	
(Printed or typed name of signee)	
I hereby accept the appointment as comply with the provisions of all stand accept to hand accept to hapter 608, F.S. Or, if this document of the large of the standards, I hereby confirm that the large of the standards.	s registered agent and agree to act in this capacity. I further agree to attues relative to the proper and complete performance of my duties, he obligations of my position as registered agent as provided for in ment is being filed to merely reflect a change in the registered office imited liability company has been notified in writing of this change.
(Signature of Registered Agent)	

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

FILING FEE: \$25.00