

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone : (850)87B-5368 Fax Number

REGISTERED AGENT CHANGE

INTERPRES MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$38.00

Electronic Filing Menu

Corporate Filing Menu

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. Name of the limited liability company: INTERPRES	MANAGEMENT, LLC
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 201 S. ORANGE AVE., STE 1017 ORLANDO FL 32801
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	201 S. ORANGE AVE. STE 1017 ORLANDO FL 32801
	DESE T
8/27/2004	M04000003532
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State
Registered Agent:	A.G.C. CO. 200 SOUTH ORANGE AVENUE
Registered Office Address:	200 SOUTH ORANGE AVENUE SUITE 2300 ORLANDO FL 32801 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: CT Corporation System
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road Plantation p.,FL 33324
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the charge of confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
(Printed or typed name of stence)	
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the praminant familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I i as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.
BY: DOUBLE COUNT	Berbara A. Burke
(Signature of Registered Agent)	pecial Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)