M0500004035

Registered Agent Schutters (Requestor's Name)	Inc
(Requestor's Name)	
515 Congress Dive	
(Address)	
St 2300	
(City/State/Zip/Phone #)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
(1)	:
Office Use Only	



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SEGRETARY OF STATE
SEGRETARY OF STATE
ANIASSEE, FLORIDA

. 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.

8 , ,	
1. Name of the limited liability company:	THURMAN INVESTMENTS, LLC
2. (a) Principal office address of limited liability co	ompany:
(Note: MUST BE STREET ADDRESS)	5950 BERKSHIRE LANE, STE. 500 DALLAS TX 75225
(b) Mailing address of limited liability company	
(Note: MAY BE POST OFFICE BOX)	3500 LENOX ROAD N.E., SUITE 501 ATLANTA GA 30326
07/21/2005	M05000004035
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	wn on the records of the Florida Dept_of State:
Registered Agent:	PEEK, SCOTT
Registered Office Address:	1705 N 16TH STREET SEL TAMPA FL 33605 US
(b) Enter name of <u>NEW Registered Agent</u> and/ <u>NEW</u> Registered Agent:	or NEW Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES)	SUITE A TALLAHASSEE, FL32301
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the chof the members of the limited liability company or a or the operating agreement of the limited liability considerable. Signature of a member or authorized representative of a member	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization
CARL A. PANATTONI Printed or typed name of signee	
	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, fmy position as registered agent as provided for in did not in the registered office ompany has been notified in writing of this change.
Signature of Cistered Agent SEAN PREWITT, ASST. SECRETAR	RY

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