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	STATEM	ENT OF CHANGE O BOTH FO	F RÉGISTERED O R LIMITED LIABI			AGENT OF	ર	
liab age	bility comp ent, or both	he provisions of section any submits the following in the State of Florida	ng statement in orde	r to change its reg	istered off	lersigned lin fice or regist	nited tered	
1. 1	The name	of the limited liability c	ompany is: <u>540 We</u>	est Point Dri	ve,LLC			
		g address of the limited				Drive		
		Rouge, LA 7080						
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3.		ing/registration in Florid	la	4. Document nu				
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		of the registered agent a partment of State:	ad the registered offic	te address as shown				
		Thomas	L. Powell	· · · · · · · · · · · · · · · · · · ·	.		د. ر ر	
		803 No	Name rth Calhoun S	treet		·— ·	1	
			Address		_		·	<u>_</u>
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			City, State and	Ζφ		1	SIME	, ,
6.1	The name	and address of the new r	registered agent and/o	or office:		2	E Z	5
		Agents	and Corporation	s, Inc.				
			Name	,				
		······································	Avenue, Suite E rect address (P.O. Bo		`			
				34102	,			
		Naples	FL					
			City, State and 2	Lip				
cot sno lia of	nfirmed the d the busin bility com the membran the operat	liability company is no at after the change or ch less office of the register pany, it is hereby confir ers of the limited liabili ing agreement of the lim	anges are made, the I red agent will be iden med that the change(s ty company or as oth aited liability compan S	florida street addres trical. Or, in the cas s) was/were author: erwise provided in t	e of the ve	overered offi	ce vote tion	
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