M98000000425

:	CAPITOL ORPORATE SERVICES, INC	P.O. Box 1831 Austin, Texas 78767					
(City/State/Zip/Phone #)							
	PICK-UP	_	MAIL				
	(B)	usiness Entity Name)					
(Document Number)							
(Document Number)							
Certified Co	pies	Certificates of Status					
Special Instructions to Filing Officer							
Special Instructions to Filing Officer:							
			l				

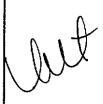
Office Use Only



200025675252

12/29/03--01018--004 **25.00

SECRETARY OF STATE DIVISION OF CORPORATION



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.

ugent, or both, in the State of Piorita.	SEDEN		LLC.			
1. The name of the limited liability con	mpany is:					
2. The mailing address of the limited l					 -	
	<u>.</u>				<u> </u>	
4/29/98		M9800000425				
3. Date of filing/registration in Florida	1	4. Document number				
5. The name of the registered agent and Florida Department of State:	d the registered office	address as shown or	the records	of the		
NRAI Ser	vices, Inc.					
526 East F	Name Park Avenue					
Tallahass				9		
Tallahassee, FL 32301 City, State and Zip				3 92	/ISIO	
6. The name and address of the new re-	gistered agent and/or	office:		03 DEC 29	RATE PATE	
Capitol Co	rporate Services,	lnc.		PH	25 25 27 27 27 27 27 27 27 27 27 27 27 27 27	
1333 Nort		ΐ	STA			
	eet address (P.O. Box	NOT acceptable)	٠.	22	SKOI.	
Tallahasse	ee FL 32:	303			_	
	City, State and Zip	•				
If the limited liability company is not of confirmed that after the change or change and the business office of the registered liability company, it is hereby confirme the members of the limited liability conthe operating agreement of the limited	nges are made, the Flo d agent will be identiced that the change(s)	orida street address of cal. Or, in the case of was/were authorized	f the register f a Florida lii by an affirm	ed offic mited ative v	ote of	
(Signature of a member or authorized representativ	(E)					
7			7	í.		
M.MASHBUEN: MANAGING (Printed or typed name of signee)	MEMBER.					
• • •	cistanad acout and an	vee to act in this can	acity I furtk	or am	ee to	
I hereby accept the appointment as rescomply with the provisions of all statut and I am familiar with and accept the Chapter 608. F.S. Or, if this document address, I hereby confirm that the limit	swerea agem whit ag es relative to the proj obligations of my pos t is being filed to mer ted liability company	per and complete per ition as registered ag ely reflect a change i has been notified in	formance of sent as providing the registe. writing of the	my du ded for red off is char	ties, in ice ge.	

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

asst, sec.

FILING FEE: \$25,00

(Signature of Registered Agent)

N