Florida Department of State

Division of Corporations Public Access System

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To;

Division of Corporations

Fax Number : (850)205-0390

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092

Fax Number

: (650)222-9428

REGISTERED AGENT CHANGE

STREAMLINE HOLDING, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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

Parsuant to the provisions of sect. liability company submits the follor agent, or both, in the State of Florid	ions 608.416 or 608.308, Florida Sta wing statement in order to change its la.	nues, ine unaersignea ilmuez registered office or registered
1. The name of the limited liability	company is: Streemline Holding, LLC	
2. The mailing address of the limite	d liability company is : 4500 Executive I	brive, Suite 210, Naples, FL 34119
02/04/1999	M99000000163	3
3. Date of filing/registration in Flor	ida 4. Document	number
5. The name of the registered agent : Florida Department of State;	and the registered office address as show	wn on the records of the
Guido Arts		
	Name	
7495 Treel	Address	
Napica, FL	- -	SECRITY ALL ALLA
	City, State and Zip	
6. The name and address of the new	registered agent and/or office:	Y 24
C T Corpor	dien System	
	Name	
	<u>Pine Işland Road</u> treet address (P.O. Box NOT acceptabl	
FIGURE 3	neer address (F.O. Dox 1401 acceptable	0
Plantation	FL 33324	<u>.</u>
	City, State and Zip	
confirmed that after the change or ch	• •	see of the territories of office
I hereby accept the appointment as recomply with the provisions of all state and I am familiar with and accept the Chapter 608, F.S. Or, if this docume address, I hereby confirm that the lin C I Companion System.	egistered agent and agree to act in this utes relative to the proper and complete to obligations of my position as registere nt is being filed to merely reflect a char uited liability company has been notified IERF, SOUZA	capacity. I further agree to performance of my duties, if agent as provided for in uge in the registered office of in writing of this change.
	SSIMI SCHUMY rations, P.O. Box 6327, Taliabassee, l	FL 32314
INHS18(10\00)	FILING FEE: \$15.00	

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