DOCUI 1. Entity Nam	MENT #	M99000	000582		;	·			
M O'CONNOR LLC		<b>!</b> !				FILED			
	(D)	<u>.                                    </u>			nr. 1 <del>0</del>	. 30 AM	8: 47		
,	e of Business	I COP	Mailing Address 3225 AVIATION AVENUE.	ATS ELOOD					
MIAMI FL 331	on avenue, 4TH f 133	·	MIAMI FL 33133	WIN PLOON		ARY OF ST ASSEE, FL			
. Principal P	Place of Business		3. Mailing Address						
Suite, Apt.	#. etc.	1	Suite, Apt. #, etc.				NOT WRITE IN THI	III ((III (III) Is space	1       1    116)
City & State		·	City & State	<u></u>	A FEU				pplied For
			· · · · · · · · · · · · · · · · · · ·	<del></del>	<b>4.</b> FCI 1	6	5-0906543 	N	ot Applicable
Zip		ountry	Zip	Country	مستخمس والمراسيان	ificate of Status		\$5.00 Ad —Fee Require	
	6. Name and	Address of Current I	Registered Agent	Name	7. Nam	e and Address	s of New Registere	d Agent	
140	06 HAYS STREI		.TD., INC.	Street A	Address (P.O. Box	Number is Not	Acceptable)		
TAL	llahassee Fl	32301		City				Zip Coo	de
. The above	named entity sub	mits this statement for	r the purpose of changing its	s registered office of	r registered agent,	or both, in the			
SIGNATURE _							<u> </u>		
SIGNATURE .	Signature, typed or prin	ited name of registered agent a		E: Registered Agent signa		<del></del>	DATE		
SIGNATURE _	Signature, typed or prin	ited name of ragistered agent a	FILE N Make Check Pa	OW!!! FEE IS sayable to Depart y September 26	50.00 tment of State	0000	0 <b>0451</b> 3	3030- 01068(	9 009 50.80
		ted name of registered agent a	FILE N Make Check Po Due B	OW!!! FEE IS s	\$50.00 tment of State , 2001	0000		8030- 01068( *****	50.00
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REQUIRED 07/26/01
PAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

305.854.9330 Daytime Phone #

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