INC. 10. Box 37066 (32315-7066)	LK IN
PICK UP 11/2	3/99 11:00
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РНОТО СОРУ	Xming PA Chanox 3
L) SFE Citrus Holdings, (CORPORATE NAME & DOCUMENT #)	HAC 誤解 (1)27
2.)(CORPORATE NAME & DOCUMENT #)	6000030525665 -11/23/9901013007 *****220.00 ******55.00
(CORPORATE NAME & DOCUMENT #)	************************************
4.)(CORPORATE NAME & DOCUMENT #)	
5.)(CORPORATE NAME & DOCUMENT #)	
SPECIAL INSTRUCTIONS	PECEIV 99 NO! 23 AH DEFAIRITE III OF TALLAH ASSEE, FL
	RID C

## 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.

1. The name of the limite	d liability company is: SFE CITRUS HOLDINGS,	LLC		
2 The mailing address of	the limited liability company is:			
_	eet, Suite 1700, Tampa, Florida 33602			一.
	cocy baree 1,007 rampa, 12012aa 55002			<u> </u>
August 10, 1999	M99000001260	)		_
3. Date of filing/registrati	on in Florida 4. Document num	nber		
5 The manner of the mediate	and arout and the marietaned affine address and the same	41		
Florida Department of S	red agent and the registered office address as shown of State:	on the rec	ords of the	
<b></b>	C T CORPORATION SYSTEM			
	Name		-	
	1200 South Pine Island Blvd.	-		
	Address Plantation, Florida 33324		-	
	City, State and Zip		78 S.	
	*		99 NOV 23 SECRETAR TALLAHASS	
6. The name and address of	of the new registered agent and/or office: Nathaniel L. Doliner, Esq.	i.	E S	
	c/o Carlton Fields =	-		
			A. C.	
	777 S. Harbour Island Blvd.			
•	Florida street address (P.O. Box NOT acceptable)	-	II: 44 STATE LORIDA	
	Tampa 33602			
	FL			
	City, State and Zip			
confirmed that after the chand the business office of liability company, it is her the members of the limited	apany is not organized under the laws of the State of Floringe or changes are made, the Florida street address the registered agent will be identical. Or, in the case reby confirmed that the change(s) was/were authorized dliability company or as otherwise provided in the arf the limited liability company.	of the reg of a Flori d by an a	gistered office ida limited ffirmative vote	e of r
(Signature of a member of authori	zed representative of a member)		-	
	A unit discussion			
Rhiannon T. Kubi (Printed or typed name of signee)				
• • • • • • • • • • • • • • • • • • • •			F Guuthau aanaa	ŧ.
Thereby accept the appoil comply with the provision and I amfamiliar with an Chapter 608/F.8. Or, if taddress, I hereby confirm	ntment as registered agent and agree to act in this ca s of all statutes relative to the proper and complete p d accept the obligations of my position as registered of his document is being filed to merely reflect a change that the limited liability company has been notified in	erforman agent as p in the re n writing	jurther agree ice of my duties provided for in egistered office of this change	5, 1
#Signatural of Paristand A cont		-		
(Signature of Registered Agent)	n of Cornorations P.O. Roy 6327. Tallahassee, FI	22214		
( / Histigia	n of Cornorations, P.C., ISOX 0.527, Talianassee, F.F.	. 32314		

**FILING FEE: \$25.00** 

INHS18(10/99)