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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.		me of the limited liability company:			
2. (a)		27771 INDUSTRIAL ST	(b	(b) PO BOX 366787	
•		Principal office address of limited liability company: (Note: NUST BE STREET ADDRESS)		M	Initing address of limited liability company: (Note: NAY BE POST OFFICE ROX)
		BONITA SPRINGS, PL 34135		BONITA S	PRINCIS, FL 3413
		08/17/1999	_	M990000013	
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	CRAWFORD, J. STEPHEN			
	• •	Registered Agent and Registered Office shown on the records of	the Florid	Dept. of State	
		3755 Liberty Square			
		Registered Office Address (AIUST BE FLORIDA STREET ADDRESS)		2815 MAY 1 1	
					. <u> </u>
		Fort Myers	33908		
		, ri	'——		
	(b)	NRAI SERVICES, INC.			7
,	(0)	Enter name of NEW Registered Agent and/or NEW Registers	LOffice as	deras:	•
		NEW Registered Office Address:			
		1200 SOUTH PINE ISLAND ROAD			<u>-</u>
		PLANTATION . FI	J33324		_
the ngo wa	: ch :ni 5/u	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited i ere authorized by an affirmative vote of the members licies of organization or the operating agreement of the	f the reg lability of of the th c limited	istered office ompany, it i nited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in upany.
	Šmn	pure of a member or authorized representative of a member		012011 1-11 1 -00	Printed or typed name of signee
protite no	iero ovis ob inei lific	the appointment as registered agent and or class of all statistics relative to the proper and complete lightness of my position as registered agent as providing refer to the complete lightness of my position as registered agent as providing of this eliphant of the state of the	rte to a e perfori ed for in l læreby	ei in this cap uance of mi Chapter 6U. confirm thui	••

Division of Corporations • P.O. Box 6327 • Tallahussee, FL 32314 FILING FEE: \$25.00

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