P02000061061

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PICK-UP	WAIT	MAIL
;		
3((Business Entity Name)
	(Document Number)	
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Certified Copies	Certificates of	of Status
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Special Instructions	to Filing Officer:	
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Office Use Only



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05/17/04--01032--011 **35.00 ***

Change

FILED

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SECRETAR OF STATE
TALLAHASSEE, FLORIDA

BR 5/24/04

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

,	•			
CHRIDOR.	TWO HOTOTOCO THE			
SUBJECT:	JBJECT: LMB HOLDINGS, INC. (Name of corporation)			
	(. miny or vorporation)			
DOCUMENT NUMBER:	P02000061061 -			
The enclosed Statement of Change of	f Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence con-	cerning this matter to the following:			
	Total Marie We are restricted to the second			
Thomas K. Wille (Name of pe	<u>tt</u>			
(Name of pe	rson)			
LMB HOLDINGS, II	NC.			
(Name of firm/co				
(·····,			
	•			
100 W. Kennedy Blvd	., Suite # 650			
(Address				
Towns DY 33s	602			
Tampa, FL 330 (City/state and zig				
· · ·				
For further information concerning th	nis matter, please call:			
•				
Thomas K. Willett (Name of person)	at (813) 229-0600 (Area code & daytime telephone number)			
(Name of person)	(Area code & daytime telephone number)			
T 1 000.00				
Enclosed is a \$35.00 check made pay	able to the Department of State.			
Mailing Address:	Street Address:			
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	409 E. Gäines Street Tallahassee, FL 32399			
THE PROPERTY OF THE PROPERTY O	1 4114444444444444444444444444444444444			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section	,	•		
of change is submitted for a corpo	_			_ <i>in</i> _ · ·
order to change its registered offic	ce or registered agent, or both	ı, in the State of Florid	a.	
1. The name of the corporation:	LMB HOLDINGS,	INC.		
2. The principal office address:	100 W. Kennedy Bl	vd., Suite #650		
	Tampa, FL 33	3602		
3. The mailing address (if differen	it):			
·				
4. Date of incorporation/qualificat	ion: 6/3/02]	Document number:P	02000061061	
5. The name and street address of Florida Department of State:	the current registered agent ar	nd registered office on t	file with the	
Thomas	s K. Willett			
	W. Bay To Bay Blvd.,			
Suite	# 101		記る	*
Tampa	, FL 33629		題第四	
6. The name and street address of (if changed):	the new registered agent (if ch	nanged) and /or register	redeffice 7	•
Thoma	s K. Willett		55 4	
1.00 W	. Kennedy Blvd., Suite	÷ #650	TO TO	-
	(P.O. Box or personal mailbox NOT a	ecceptable)	 *	
Tamna	, FL 33602	,	7	.a.
\ <u></u>				
The street address of its registered changed will be identical.	i office and the street address	s of the business office	e of its registered ag	ent, as
Such change was authorized by reby the board, or the corporation	solution duly adopted by its as been notified in writing of	board of directors or b the change.	y an officer so auth	orized
	The The	omas K. Willett.	President	
(Signature of an officer or direct		Omas K. Willett, (Printed or typed name		_
I hereby accept the appointment of I further agree to comply with the my duties, and I am familiar with document is being filed merely to corporation has been potified in v	is registered agent and agree provisions of all statutes rel and accept the obligation of reflect a change in the regist writing of this change.	to act in this capacity ative to the proper and my position as registe tered office address, I	t complete performe red agent. Or, if thi hereby confirm that	ince of is the
The Now	<u>(</u>	nelisi	2004	
(Signature of Registered Ag	ent)	(Date)		_
If signing on behalf of an entity:			* .	,≅.
(Promod on Parints & North				
(Typed or Printed Name)		(Capacity)	!	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

* * * FILING FEE: \$35.00 * * *