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Office Use Only



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2006 OCT 23 AM 9: 59
SECRETARY OF STATE
TAILAHASSEE.FLORIDA

WH-53318

COVER LETTER

TO: Registration Section Division of Corporations	
DUDGEC1.	e of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Register	red Office Change and fee(s) are submitted for filing.
Please return all correspondence concer	ming this matter to the following:
Charles C. Ward (Name of Person)	
Plan - It, "LLC" (Firm/Company)	2006 OC TALLA
4642 Brook Drive (Address)	BOCT 23 AM 9: 59 LLAHASSEE, FLORIC
West Palm Beach, FI. (City/State and Zip Code)	2006 OCT 23 AM 9: 59 SECRETARY OF STATE TALLAHASSEE. FLORIG
For further information concerning this	matter, please call:
Charles C. Ward (Name of Person)	at (561) 644-3546 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follo	owing amount:
№ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

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:	PLAN -	IT,	"LLC"				
2. The mailing address of	f the limited liability cor	npany is : _	5601	Corpor	ate Way.	Suite	111	<u> </u> .
			West	Palm E	Seach, FL	3340	7	
07/19/04			L04	0000533	118			_
3. Date of filing/registrati	ion in Florida		4. D	ocument	number			
5. The name of the register Florida Department of S	ered agent and the registe State:	ered office	addres	ss as sho	wn on the re	ecords o	f the	
	John E. La	ing						
		Name	_		_ 			
		Address	•	ite 111				
	West Palm			3407				
•	City, S	tate and Zi	p			d	2	
6. The name and address of	of the new registered age	ent and/or o	office;			SECR	2006 OCT 23	GILL.
	Charles C.	Ward				ET.	CT	esteroit.
	N: 4642 Brook	ame Drive				CRETARY (
•	Florida street address ((P.O. Box I	NOT 8	cceptabl	e)	FES	当	Commercial
				-	•	STATE LORID	ڣ	- All
	West Palm Beach		7	 			59	
	City, Sta	ate and Zip				100		
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the limit or the operating agreemen	the registered agent will reby confirmed that the content is a company of the limited liability of the liability	de, the Flore be identical change(s) were as otherwecompany.	ida sti	reet addre	ess of the re	egistered	office	1
(Signature of a member or authori	zed representative of a member)	•						
Charles C. Ward								
(Printed or typed name of signee)								
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hareby confirm (Signature of Registered Agent)	ntment as registered age s of all statutes relative to d accept the obligations his document is being fil that the limited liability	ent and agree to the prope of my posit ed to merel company h	ee to a er and jon as y refle as bee	ect in this complet registere ect a chai n notifie	s capacity. e performan ed agent as nge in the r d in writing	I further ice of m provided egistered of this	agree t y duties, d for in d office change.	o

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