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Writer's Direct Dial (561) 237-1536 Writer's Direct Fax (561) 362-6116

LINDA B. LYMAN

OF COUNSEL STEVEN A. BELSON LAWRENCE J. MARKELL

September 8, 2005

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Our File No. 05-20788 Proline Distributors, Inc.

Dear Sir/Madam:

Enclosed for filing is a Statement of Change of Registered Office, together with our client's check in the amount of \$25.

Please return confirmation of filing to the undersigned using the enclosed envelope.

Very truly yours,

Jonathan L. Shepard

JLS/bjp Enclosures

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 limit	ed liability company is:	PROLINE VERO, LLC	
		mpany is: 1191 S. ROGEF	RS CIRCLE
		BOCA RATON,	
02/17/05		L0500001651	4
3. Date of filing/registration in Florida 4. Document nu		mber	
5. The name of the register Florida Department of	State:	tered office address as shown	on the records of the
	Gary S. Dunay		_
	5355 Town Center	Name Road, Suite 801	
		Address	-
Boca Raton, FL 33486			_
	•	State and Zip	
6. The name and address	of the new registered ag	gent and/or office:	N. C.
	Daryl Coles		
	1191 S. Rogers Circ	Name	
		(P.O. Box NOT acceptable)	32. 2
	Boca Raton	FI 33487	
Δ		tate and Zip	
confirmed that after the cand the business of fice of liability company, it is he the members of the limite the operating agreement of the limite operating agreement of the limite of t	hange or changes are market registered agent with reby confirmed that the disability company or a fine the limited liability conjugate of a member of the representative of a member of the registered of the limited liability conjugate liability and liability conjugate liability and liability conjugate liability liab	ander the laws of the State of lade, the Florida street address li be identical. Or, in the case change(s) was/were authorize as otherwise provided in the atompany. The control of the proper and complete part of the proper and complete part of my position as registered in the analysis of my position as registered in the complete part of the proper and complete part of the part of th	of the registered office of a Florida limited ed by an affirmative vote of rticles of organization or
	on of Corporations, P.G	D. Box 6327, Tallahassee, FI	_ 32314

FILING FEE: \$25.00

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