

LO7000040845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

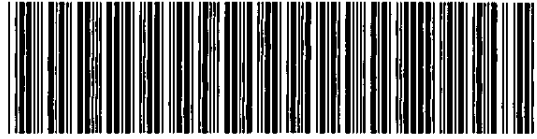
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400118028954

02/15/08--01019--008 \*\*25.00

**FILED**  
08 FEB 15 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**  
FEB 15 2008  
**EXAMINER**

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: LP4M, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Mick Hersh  
(Name of Person)

Security Trust Company, Inc.  
(Firm/Company)

223 N. Prospect St., Suite 202  
(Address)

Hagerstown, MD 21740  
(City/State and Zip Code)

FILED  
08 FEB 15 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mick Hersh at ( 301 ) 665-2830  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 limited liability company is: LP4M, LLC
- 2. The mailing address of the limited liability company is : 1000 S. POINTE DRIVE #1206  
MIAMI BEACH FL 33139

- 3. Date of filing/registration in Florida 04/16/2007
- 4. Document number L07000040845

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

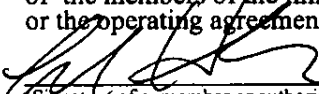
PINTO, LEON  
Name  
1000 S. POINTE DRIVE #1206  
Address  
MIAMI BEACH FL 33139 US  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Incorp Services, Inc.  
Name  
17888 67th Court North  
Florida street address (P.O. Box NOT acceptable)  
Loxahatchee FL 33470  
City, State and Zip

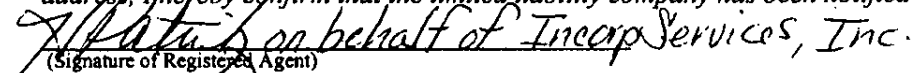
**FILED**  
08 FEB 15 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
\_\_\_\_\_  
(Signature of a member or authorized representative of a member)

\_\_\_\_\_  
(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

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