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The Shaggy Company, LLC	- <u>-</u>	T
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() Foreign	() Dissolution/Withdrawal	() Mark
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() LLC	() Name Registration	() Other
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) Certified Copy	() Photocopies	() CUS 9 7 0
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615



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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 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 compar	y is: The Shaggy	Company, LLC	
2. The mailing address of the limited liabili	ity company is: 2	220 West 42nd Street,	New York, NY 10036
May 17, 2001		M01000001108	
3. Date of filing/registration in Florida	<u> -</u> -	4. Document nun	ıber
5. The name of the registered agent and the Florida Department of State:	•	address as shown o	n the records of the
Corporation Service			:
	Name		₹
1201 Hays Street	-		
	Address		.≥∺ 吊
Tallahassee, FL 323	301		
•	City, State and Zip	,	SE P
6. The name and address of the new register	red agent and/or o	ffice:	FILED OI DEC 27 PM 2: 08 SECRETARY OF STATE ALLAHASSEE, FLORID
C T Corporation Sys	tem =		
	Name		€ A B
1200 South Pine Islan	nd Road		,5
Florida street ad	ldress (P.O. Box N	OT acceptable)	
Plantation	FL 33324		
Ci	ity, State and Zip		
If the limited liability company is not organiconfirmed that after the change or changes a and the business office of the registered age liability company, it is hereby confirmed that the members of the limited liability companithe operating agreement of the limited liabil	are made, the Flor nt will be identica at the change(s) way or as otherwise	ida street address old. Or. in the case of	of the registered office of a Florida limited
1~1~X			
Signature of a member or authorized representative of a r	member)	-	
Kirk Hood, Secretary (Printed or typed name of signee)			•
I hereby accept the appointment as register comply with the provisions of all statutes reand I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is be address, I hereby confirm that the limited like T Corporation System	lative to the prope ations of my positi sing filed to merel ability company h KIRK HOOD	er and complete pe ion as registered a y reflect a change as been notified in	rformance of my duties, gent as provided for in in the registered office
(Signature of Registere d Agent)	ASSISTANT SECI		
Division of Corporation	s, P.O. Box 6327.	Tallahassee, FL	32314

FILING FEE: \$25.00

FL015- 9/27/99 C T System Online

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