

**FILED**  
**Jul 08, 2005 8:00 am**  
**Secretary of State**

14018353



<b>DOCUMENT # L04000076369</b>		<b>Secretary of State</b> 07-08-2005 90090 011 ****50.00	
1. Entity Name <b>PSYCHEDELIC SHACK, LLC</b>			
Principal Place of Business <b>P.O. BOX 20908 TALLAHASSEE, FL 32316</b>		Mailing Address <b>P.O. BOX 20908 TALLAHASSEE, FL 32316</b>	
2. Principal Place of Business <i>P.O. BOX 20908</i>		3. Mailing Address <i>P.O. BOX 20908</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Tallahassee, FL</i>		City & State <i>Tallahassee, FL</i>	
Zip <i>32316</i>	Country <i>U.S.</i>	Zip <i>32316</i>	Country <i>U.S.</i>
4. FEI Number <i>20-1800609</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JONES, KENNETH 410 CHRISTIAN LOUP HAVANA, FL 32333</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR JONES, KENNETH P.O. BOX 20908 TALLAHASSEE, FL 32316</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Kenneth Jones</i>		<i>7-5-05 850-561-4815</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	