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05/20/05--01035--012 **35.00

VOVA GROUP, LTD 2924 DAVIE ROAD SUITE 200 FORT LAUDERDALE, FLORIDA 33314 (954) 463-2766 (954) 525-7898

June 16, 2005

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

Re: Vova Group, LTD.

Dear Sir or Madam:

Please be advised that this office represents the above-referenced partnership. Be further advised that the principal address and mailing address changed from 101 SE 10th Street, Ft. Lauderdale, FL 33316 to:

2924 Davie Road Ste. 200 Ft. Lauderdale, FL 33314

The limited partnership has also changed the address of the manager from [10] S Ed 0th Street, Ft. Lauderdale, FL 33316 to:

2924 Davie Road Ste. 200 Ft. Lauderdale, FL 33314

Finally, they have also changed for the registered agent, for which I have attached the Statement of Change of Registered Office or Registered Agent or Both for Corporations as well as the \$35.00 filing fee.

Please make these changes of addresses within your system. I thank you for your cooperation in this matter.

Very truly yours

CSV/pm

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

ı <u>V</u> c	NA Gray	D LTD	<u></u>	· <u></u>	
		Name of the limited partnership			
2.	O-O\ filing/registration in Flor	3. 9010000 Document n	00051 umber assigned		
		t and the registered office address as sho	own on the re	cords of the Fl	orida
Department	i of State:		s =		
	_ _	LAW OFFICE			
		CINDY S. VOVA, P.A. 101 SOUTHEAST 10th STREET FORT LAUDERDALE, FL 33316			
		City, State and Zip	· =	05 JI SECT	
5. The name a	and address of the nev	w registered agent and/or office:		95 JUN 20 SECRETAR) ALLAHASS	V 1
		LAW OFFICE		E PA	7
		CINDY S. VOVA, P.A.			Contract of the Contract of th
		2924 DAVIE ROAD, SUITE 200 FORT LAUDERDALE, FL 33314		3: 51 STATE LORIDA	
6. Such chang	ge(s) was/were author	City, State and Zip rized by the general partners.			
Signature of Gene	Uh Pres Long	Grosp. Our.	•		
with the provis familiar with a merely to refle	sions of all statutes i	registered agent and agree to act in this crelative to the proper and complete per tions of my position as registered agent, rgistered office address, I hereby confir tge.	formance of	my duties, and	d Lam
x Z	1/1/				
Signature of Regi	stered Agent				

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00