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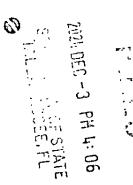
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## **COVER LETTER**

	stration Section sion of Corporations			
SUBJECT:	AdibSamii LELP			
		Name of Limited I	liability Company	
Dear Sir or M	Aadam;			
The enclosed	l Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.	
Please return	all correspondence concerning	g this matter to the	following:	
Khooshe Aik	en			
	Name of Person		<u> </u>	
AdibSamii L	LLP			
	Firm/Company			
145 Seagate 1	Road			
	Address		<del></del>	
Palm Beach.	FL 33480			<b>0</b> 6 3
•	City/State and Zip Coc	le	<u> </u>	AND DEC
Khooshe@m	e.com			$\dot{\omega}$
E-mail	address; (to be used for future	annual report noti	fication)	· · · · · · · · · · · · · · · · · · ·
For further is	nformation concerning this ma	tter, please call:		PH I: 06
Khooshe Aik	en	561 at (	315-6901	17E
	Name of Person		Area Code & Daytime Telepho	one Number
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, F1, 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, Fl. 32303	te 810
Enc	losed is a check for the follow	ring amount:		
<b>≅</b> \$:	25 Filing Fee		355 Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. 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. Na	ime of the limited liability company: Ad	libSamii LLLP				
2. (a)		ı	(b)			
( <del></del> ,	Principal office address of limited liabilit (Note: MUST BE STREET ADDI	ty company:		-	limited liability compa	-
	145 SEAGATE ROAD	<u>&gt;</u>		SAM	IE	
	PALM BEACH FL	33480				
	12/09/2004		A04000001	939		
3.	Date of filing/registration in Flo	orida 4.	-	Document num	iber	
5. (a)	Clifford I. Hertz Esq.					
. (a)	Registered Agent and Registered Office shown o	in the records of the Flori	da Dept. of Stat	<del>-</del> e:		
	Nelson, Mullins, Broad and Cassel					
	Registered Office Address (MUST BF, FLOR	RIDA STREET ADDRES	<u>5.5)</u>	_		
	One Clematis Street, Suite 500					
	West Palm Beach	, FL 33401		_		
(h)	Khooshe Aiken			_		
	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office a	iddress:	_	~ <i>@</i> A	
	145 Seagate Road				23. DEC	· <=3
	NEW Registered Office Address:		<u> </u>	_		ف معتبودي الساسر
					ယ	
	-			_	Sign P	
	Palm Beach	, FL33480		_	PH 4: 06	•
If the I	imited liability company is not organized	Funder the laws of th	e State of Fli	orida it is hereb	• • •	fter the
change	or changes are made, the Florida street a	address of the registe	red office an	d the business o	office of the registe	red
agent v was/we	vill be identical. Or, in the case of a Flor ere authorized by an affirmative vote of t	rida limited liability of he members of the li	company, it is mited liabilit	s hereby confirn y company or a:	ned that the change s otherwise provid	z(s) ed in
the arti	icles of organization or the operating agre	eement of the limited	liability con	npany.		
	ture of a member or authorized representative of a	<del></del>	<u> </u>	HOOSHE	A AIVEA	1
				• •	_	
provisi the obl to merc	by accept the appointment as registered a constant of all statutes relative to the proper of igations of my position as registered age ely reflect a change in the registered officient writing of this change.	agent and agree to ac and complete perforn nt as provided for in ce address, I hereby o	et in this cap nance of my Chapter 605 confirm that	acity. I further of duties, and I am 5, F.S. Or, if thi, the limited liahi	agree to comply w Jamiliar with and s document is bein lity company has t	un the accept g filed seen
Signahi	re of Registered Agent					

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