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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLYING COLORS GROUP L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B04000000304

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Robert Thomas Wolfenden, Sr.

Contact Person

Firm/Company

201 S East Coast St

Address

Lake Worth, FL 33460

City, State and Zip Code

rtw@flyingcolorsgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Thomas Wolfenden, Sr. at (561) 855-8455

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. FLYING COLORS GROUP L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 07/13/2004 3. B04000000304
Date of filing/registration in Florida Florida document number

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

LORA, LUCIO TJR.
Name

2875 SW CAPE BRETON DR.
Address

PORT ST. LUCIE, FL 34953
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Robert Thomas Wolfenden, Sr.
Name

201 S East Coast St
Florida street address (P.O. Box not acceptable)

Lake Worth FL 33460
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

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.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA