## 100000006374

(Re	equestor's Name)	
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer	1
	, <b>g</b> ==	
1:		

Office Use Only



000114773200

01/14/08--01029--005 \*\*25.00

OR JAN IL PH 2: 33
SECRETARY OF STATE

D. BRUCE

JAN 1 4 2008

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Florida Bioma (Name of L	imited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Allan Sharpe (Name of Person)		
Floriza Diomass Ener (Firm/Company)	OR JAN 14 SECRETARIANSSE	
1198 Loul F Breeze Parland	SSEE FLORIDE	
Lru/F Breeze FL 325 (City/State and Zip Code)		
For further information concerning this matter	er, please call:	
(Name of Person)	at (850) 916-1300 (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	g amount:	
\$25 Filing Fee	\$55 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 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 company is: Flands Islamass there UNDUPLLE.
2. The mailing address of the limited liability company is: 1198 Loul & Breeze Parkway.
Svita 7, brult Breeze, Florida 32561
6 02 7000 L 000000 6374  3. Date of filing/registration in Florida  4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Allen Sharpe  Name  1198 Lrulf Breeze (Kuy, St7  Address  Lrulf Breeze (Kuy, St7  Address  City, State and Zip  6. The name and address of the new registered agent and/or office:  Thomas J. Henniques  Name  130 Baylorant larkway St 3 A  Florida street address (P.O. Box NOT acceptable)  Parawola FL 32502  City, State and Zip
If the limited lightlity company is not organized under the laws of the State of Florida, it is berefy

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member of authorized representative of a member)

Allen Sharpe
(Printed or typed name of signee)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Lhereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Age)

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