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HAL SPENCE, P.A.

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August 28, 2002

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

Re: B.O.M.H.P., LLC

800007477768--3  
-09/03/02--01068--021  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

Dear Sir:

Enclosed is the following:

1. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company.
2. Check in the amount of \$25.00 for the filing fee.

Please process the Statement of Change at your earliest opportunity. Thank you for your assistance. If you have any questions, please do not hesitate to contact my office.

Very truly yours,



Hal Spence

HS/tm

Enclosures

Cf: Ms. Barbra Weide

BK

FILED  
02 SEP -3 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: B.O.M.H.P., LLC
2. The mailing address of the limited liability company is: 15070 East Colonial  
Orlando, FL
3. Date of filing/registration in Florida 6/22/00 4. Document number L00000007338

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

Bruce Weide  
Name  
100 Faulkner Street  
Address  
New Smyrna Beach, FL 32169  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Barbra Weide  
Name  
4141 S. Atlantic Avenue  
Florida street address (P.O. Box NOT acceptable)  
New Smyrna Beach FL 32169  
City, State and Zip

FILED  
02 SEP -3 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Barbra Weide  
(Signature of a member or authorized representative of a member)

Barbara Weide  
(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, I hereby confirm that the limited liability company has been notified in writing of this change.*

Barbra Weide  
(Signature of Registered Agent)

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