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COVER LETTER

то:	Registration Section Division of Corporations			
SUBJ	ECT: FLAGLER ENTERPRISE (Name of		ability Company)	
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Registered	Office Chan	nge and fee(s) are submitted for filing	<u>.</u>
Please	return all correspondence concerning	g this matter	to the following:	
ALEX	KANDER J. MILANICK			
	(Name of Person)			SECRE DIVISION O7 JUL
	(Firm/Company)		<u> </u>	OT JUN 18 PH 12: 43
7250	A1A SOUTH			PH 12: 43
	(Address)			5
ST. A	UGUSTINE, FL 32080-8109			
	(City/State and Zip Code)			
For fu	rther information concerning this mat	ter, please c	all:	
ALEX	ANDER J. MILANICK	at (904	₎ 347-3473	
	(Name of Person)		(Area Code & Daytime Telephone	: Number)
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314	
	Enclosed is a check for the following	ng 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.

	TI AGUED ENTERDRISES AND	
1. The name of the limited liability company is:		·
2. The mailing address of the limited liability com	pany is : 138 LIVE OAK AVENUE	·
	DAYTONA BEACH, FL 3211	4-4912 .
8/1/00	L0000009611	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the register Florida Department of State:	ed office address as shown on the red	cords of the
JAMES J. KEARN, P	.A.	
138 LIVE OAK AVENU	Vame E	
Ac	ddress	97 SI
DAYTONA BEACH, FL		Z Sion
City, Sta	ate and Zip	= NO.
6. The name and address of the new registered ager	nt and/or office:	8 67
ALEXANDER J. MILAI	VICK	SECRETARY OF STATE AS SECRETARY OF CORPORATIONS OF JUN 18 PM 12: 43
Nai	me	STATE OR STORES
7250 A1A SOUTH		₹ 5 95
Florida street address (F	P.O. Box NOT acceptable)	
ST. AUGUSTINE, F	L 32080-8109	
City, State	e and Zip	
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the ch of the members of the limited liability company or or the operating agreement of the limited liability co	e, the Florida street address of the reg be identical. Or, in the case of a Flori lange(s) was/were authorized by an a as otherwise provided in the articles	gistered office ida limited ffirmative vote
(Signature of a member or authorized representative of a member)		
(Printed or typed name of signee)		
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability of	t and agree to act in this capacity. I the proper and complete performant fmy position as registered agent as p d to merely reflect a change in the re ompany has been notified in writing t	further agree to ce of my duties, rovided for in gistered office of this change.

(Signature of Registered Agent)

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

FILING FEE: \$25.00

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