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(Requestor's Name) LANDMARK KITCHEN DESIGN 1210 FOREST LAKES BLVD NAPLES, FLURIDA 34105	2
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Sasmoso Ziany ramo)	
(Document Number)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIS

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: LAND	unit kitchen	allesign LL
2. The mailing address of the limited liability company is: _		
1210 Forest Lakes Blud, Na	ples, FL	34105
Feb 2, 2001 3. Date of filing/registration in Florida	LO100000 4. Document number	51748
5. The name of the registered agent and the registered office of Florida Department of State: Tawes R. Smither Name	<u>m</u>	records of the
6. The name and address of the new registered agent and/or of the name and address of the new registered agent and/or of the name and Zip State and Zip The name and Zip The nam	Ses Blycl NOT acceptable)	2005 JAH 3 I SECRETARY
If the limited liability company is not organized under the law confirmed that after the change or changes are made, the Flor and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) when members of the limited liability company or as otherwise the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	ws of the State of Floridarida street address of the	e registered office
(Printed or typed name of signee) I hereby accept the appointment as registered agent and agreement with the provisions of all statutes relative to the propand I am familiar with and accept the obligations of my positions of the conditions of the propand I am familiar with and accept the obligations of my positions of the conditions of the propand of the conditions of the condi	ee to act in this capacit er and complete perfori tion as registered agent ly reflect a change in th has been notified in wrii	y. I further agree to nance of my duties, as provided for in e registered office ting of this change.

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