## L0100001784

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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ACCOUNT NO. : 072100000032

REFERENCE

804737

AUTHORIZATION

atricia sque

COST LIMIT : \$ 55.00

ORDER DATE: June 26, 2003

ORDER TIME : 2:07 PM

ORDER NO. : 148849-010

CUSTOMER NO: 80473A

CUSTOMER: Ms. Ronda Gluck

Bill T. Smith, Jr., P.a.

Suite 402

980 North Federal Highway

Boca Raton, FL 33432

## CHANGE OF AGENT

NAME: A. STILLMAN, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_ CERTIFIED COPY

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER:

## 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 limite  | ed liability company is: A. Stil  | lman, LLC   |  |   |  |
|--|---|---|--|---|--|
| 2. The mailing address of  | f the limited liability company is  | s : 350 Sou   | ıth Ocean Bivo   | l, #12A,  |  |
| Boca Raton, Florida 33   |   |   | · ·  |   |  |
| 02/02/2001   | <del>·</del>  | 1.0100  | 00001784   |   |  |
| 3. Date of filing/registrat  | ion in Florida  |   | ıment number   |   |  |
| 5. The name of the register Florida Department of  | ered agent and the registered off<br>State:   | ice address a   | is shown on the  |   |  |
| •  | Gene K. Glasser, Esq.   |   |  | 3 B   |  |
|  | 2021 Tyler Street Name  | , <u>, , , , , , , , , , , , , , , , , , </u>                       |  | E O   |  |
|  | Address<br>Hollywood, FL 33020  | <b>)</b>  |  | 5   |  |
| 6. The name and address of   | City, State and of the new registered agent and/  |   |  |   |  |
|  | Bill T. Smith, Jr., Esq.  | <u>'</u>  |  |   |  |
| ,  | 980 North Federal Highway   | , Suite 402   | · ·  | ;   |  |
|  | Florida street address (P.O. Be   | ox NOT acc  | eptable)   |   |  |
|  | Boca Raton FL 33  | 432   |  |   |  |
|  | City, State and   | Zip   | <del></del> ·  |   |  |
| confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of   | pany is not organized under the lange or changes are made, the I the registered agent will be idented to confirmed that the change (so I liability company or as otherwise the limited liability company. | Florida street<br>itical. Or, in<br>s) was/were a                   | t address of the a<br>the case of a Fl<br>authorized by an                                       | registered office<br>orida limited<br>a affirmative vote of                                   |  |
| ALICE STILLMAN (Printed or typed name of signee)   |   | <u> </u>  |  | 2   |  |
| I hereby accept the appoing the comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address of the reby continuations of the continuation of the continuatio | ntment as registered agent and a<br>s of all statutes relative to the po<br>d accept the obligations of my po<br>his document is being filed to in<br>that the limited liability compar                   | agree to act roper and co osition as re erely reflect ny has been t | in this capacity.<br>mplete perform<br>gistered agent a<br>a change in the<br>notified in writir | I further agree to ance of my duties, is provided for in registered office ig of this change. |  |
| (Signature of Registered Agent)  | there was   | ٤.  | •  |   |  |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314   |   |   |  |   |  |

FILING FEE: \$25.00

INHS18(10/99)