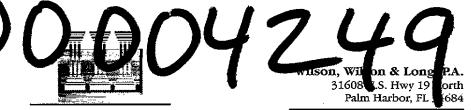


Colleen Bratcher



W W L ATTORNEYS

April 9, 2001

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500003992335--9 -04/11/01--01082--007 *****25.00 ******25.00

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

Re:

FLAWLESS FINISH, LLC

Dear Sir:

L01-4249

Enclosed please find an original Statement of Change of Registered Agent and Office for the above-named company, together with a check in the amount of \$25.00 to cover the filing fee.

Thank you very much for your cooperation in this matter.

Very truly yours,

Warren A. Wilson, III

WAW:sms Enclosures

S-C CORP\FLAWLESS LTR

O1 APR II AM 8: 28

SEUNETARY 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.

organi, an admin, in the brane of the real			
1. The name of the limited liability company is:	FLAWLESS FI	NISH, LLC	<u>.</u> .
2. The mailing address of the limited liability cor	npany is :316	08 U.S. I	łwy. 19 North, Palm
Harbor, FL 34684			
			•
3/20/01	_. <u>L</u>	.010000042	249
3. Date of filing/registration in Florida	4. D	Oocument n	umber
5. The name of the registered agent and the register Florida Department of State:	ered office addre	ess as show	n on the records of the
_Corporation Servi	.ce Company		
Name			
1201 Hays Street			_ FS
	Address		
Address Tallahassee, FL 32301-2525 City, State and Zip			
City, State and Zip			
6. The name and address of the new registered agent and/or office: Warren A. Wilson, III			
Warren A. Wilson, III			
Name Same			
31608 U.S. Hwy. 19 North			
Florida street address (P.O. Box NOT acceptable)			
Palm Harbor,	FL 34684		
City, St	ate and Zip		
·	•	.1 0	om
If the limited liability company is not organized u confirmed that after the change or changes are ma and the business office of the registered agent will liability company, it is hereby confirmed that the other members of the limited liability company or at the operating agreement of the limited liability company. Maldman	ide, the Florida sill be identical. Of change(s) was/we so otherwise provingany.	treet addreser, in the case ere authoris	ss of the registered office se of a Florida limited zed by an affirmative vote of
(Signature of a member or authorized representative of a member)		
SAMUEL MALDONADO			
(Printed or typed name of signee)			
I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being find address, I hereby confirm that the limited liability	ent and agree to to the proper an of my position a led to merely ref company has be	act in this d complete is registere lect a chan een notified	capacity. I further agree to performance of my duties, a agent as provided for in ge in the registered office in writing of this change.
(Signature of Registered Agent)	 ,		

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

FILING FEE: \$25.00

INH\$18(10/99)