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(Re	equestor's Name)	
(Ac	idress)	
(Ad	ldress)	
(Ĉi	ty/State/Zip/Phone	» #)
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COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: Performance Solution (Name of	ns, LLC of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
Roberta E. Woods		
(Name of Person)	7 SE	
Performance Solutions, LLC	FEB 24 PH	
(Firm/Company)	24 24 SSE	
1391 Cottonwood Trail	2003 FEB 24 PM 1: 40 SECRETARY DE STATE ALLAM SSEE FLORID	
(Address)		
Sarasota, Florida 34232	~	
(City/State and Zip Code)		
For further information concerning this m	natter, please call:	
Roberta E. Woods	at (941) 378-5766	
(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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the follow	wing amount:	
№ \$25 Filing Fee	S55 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. 1. The name of the limited liability company is: Performance Solutions, LLC 2. The mailing address of the limited liability company is: 1391 Cottonwood Trail, Sarasota, Florida 34232 L01000008857 5/31/2001 3. Date of filing/registration in Florida Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Roberta E. Woods Name 1391 Cottonwood Trail Address Sarasota, Florida 34232 City, State and Zip 6. The name and address of the new registered agent and/or office: Snowden S. Mowry Name 217 Nassau Street, S. Florida street address (P.O. Box NOT acceptable) Fr. 34285 Venice. City, State and Zip 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. (Signature of a member or authorized representative of a member) Roberta E. Woods (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 statules 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.

well mowny
Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00