## L0/000010258 FILED

03 00T 13 FH 2. 00

CONSTRACT OF STATE FALLAMASSEE, FLORIDA

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only

700023734247

10/13/03--01043--031: \*\*50.00

AL 1

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY FILED

Pursuant to the provisions of sections 608.416 or 608 liability company submits the following statement in or agent, or both, in the State of Florida.	arrive inch or arres
1. The name of the limited liability company is:	YNAMITE DEALS, L.L.C. ALLAHASSFE, FLORIDA
2. The mailing address of the limited liability company is	s: 4957 N.W. 77th Court
	Pompano Beach, Florida 33073
06-25-01	L01000010258
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered off Florida Department of State:	ice address as shown on the records of the
Seth P. Ellis,	P.A.
Name 2600 N. Militar	way Trail
Address	
Boca Raton, Florida 33431	
City, State and	d Zip
6. The name and address of the new registered agent and/	or office:
Robert C. Mart	in, Esq.
Name	
319 S. E. 14th	Street
Florida street address (P.O. B	ox NOT acceptable)
Fort Lauderdale FL	33316-1929
City, State and	Zip
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change(the members of the limited liability company or as otherwise operating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of vise provided in the articles of organization or
(Signature of a member of authorized representative of a member)	<del>_</del>
Michael J. Smith	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability company (Signature of Registered Agent)	agree to act in this capacity. I further agree to roper and complete performance of my duties, position as registered agent as provided for in a perely reflect a change in the registered office my has been notified in writing of this change.

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

INHS18(10/99)

FILING FEE: \$25.00