Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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: (850)205-0380

From:

Account Name

: NATIONAL CORPORATE RESEARCH, LTD.

Account Number :

1200000000089 (800)221-0102

(212)564 6083

Phone Fax Number

01-12-136

-- REGISTERED AGENT CHANGE

THEORY BOCA RATON LLC

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9/10/2004

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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 limit		a Raton LLC			
2 The mailing address of	of the limited liability comp			·	
•	ad Avenue	Ridgefield		07657	
July 24,	July 24, 2001		L01000012134		
3. Date of filing/registra	tion in Florida	4. Document nuir	ber		
5. The name of the regist Florida Department of	ered agent and the registere State:	ed office address as shown o	n the record	ls of the	
		. Schwartz	_	1	
		Blvd., Suite 1500		\$ 24 24	
		dress FL 33301	.	04 SEP 10 SEMPS INSTALLAHADS	
	City, Sta	te and Zip	 -		
6. The name and address	of the new registered agent	and/or office:		AM ID: 5	
	National Corporate	Research, Ltd., Inc.		5 5	
	Nan	ne	-	選挙 切	
		idian Street	<u>-</u>	> ' '	
	Florida street address (P.	O. Box NOT acceptable)			
	Tallahassee	FL 32301	_		
	City, State	and Zip	_		
confirmed that after the c and the business office of liability company, it is he the members of the limits	hange or changes are made, the registered agent will be reby confirmed that the chard liability company or as or the limited liability comp	er the laws of the State of FI, the Florida street address of identical. Or, in the case onge(s) was/were authorized therwise provided in the artiany.	of the registe of a Florida by an affin	ered office limited mative vote of	
Yoram Arieven		- ·	•		
(Printed or typed name of signee)					
I hereby accept the appo comply with the provision and I am familiar with an Crupter 608, F.S. Or, if uddress, I hereby confirm An Mark Um (Signature of Reprieted Agent)		and agree to get in this cap the proper and complete per my position as registered as to merely reflect a change impany has been notified in	acity. I fur rformance i gent as pro- in the regis writing of t	ther agree to of my duties, vided for in tered office his change.	
	on of Corporations, P.O. F	ox 6327, Tallahassec, FL	32314		
INESUS/10/99\	FILING	TEE: \$25.00			

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