L01000022006

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: FORM-A-CORP LLC	
(Name of	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Stephen Levy	
(Name of Person)	
Form-A-Corp LLC (Firm/Company)	PALLAHÄSSEE, FLORID
PO Box 31567	N 14.
(Address)	
Palm Beach Gardens, FL 33420-156	5. CORID 67 2 02
(City/State and Zip Code)	
For further information concerning this matt	ter, please call:
Stephen Levy (Name of Person)	at (561) 252-7979 (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 following	ng amount:
\$25 Filing Fee	\$55 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.

agent, or both, in the state of Fiorial	<i>1.</i>		
1. The name of the limited liability	company is: FORM-A-CORP LLC		<u> </u>
2. The mailing address of the limite	d liability company is : PO BOX 3	31567	·
PALM BEACH GARDENS, FL 33		,	
12/18/2001	L010000	22006	
3. Date of filing/registration in Florida 4. Document			
5. The name of the registered agent a			
Florida Department of State: Claudia	ı Levv		
Oladala	Name		
<u>100 Villa</u>	age Square Crossing, Ste. 10	3 0	ΤAS
	Address	7 J	
Palm Be	each Gardens, FL 33410 City, State and Zip	07 JUN 14	AHA
	•	<u>-</u>	TARY IASS
6. The name and address of the new	registered agent and/or office:	2	
NRAI Se	ervices, Inc.	ល៉	FLC
2704 5	Name		PATE
	ecutive Park Dr., Ste. 4		.⋝
Florida s	treet address (P.O. Box NOT accept	otable)	
Weston	_{FL} 33331		
	City, State and Zip		
If the limited liability company is no confirmed that after the change or ch and the business office of the registe liability company, it is hereby confir of the members of the limited liability or the operating agreement of the limited	nanges are made, the Florida street a cred agent will be identical. Or, in t med that the change(s) was/were au ity company or as otherwise provide	address of the registered office he case of a Florida limited athorized by an affirmative v	ote
(Signature of a member or authorized representation	ative of a member)		
Stephen Levy General Manage (Printed or typed name of signee)	<u>ər)</u>		
· · · · · · · · · · · · · · · · · · ·	registered agent and agree to act is	a this capacity. I further agn	ee to
I hereby accept the appointment as comply with the provisions of all sta and I am familiar with and accept the Chapter 608, F.S. Or, if this docum address, I hereby confirm that the li	tules relative to the proper and con the obligations of my position as regi ent is being filed to merely reflect a mited liability company has been no	plete performance of my du istered agent as provided for change in the registered off otified in writing of this chan	ties, in ice ge.
(Signature of Kegistered Agent) Kevin R			
	orations, P.O. Box 6327, Tallahas	see, FL 32314	
21, 15, 51, 51, 50 P		•	

FILING FEE: \$25.00

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