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Special Instructions to	Filing Officer:		ı			
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SECRETARY OF STATE
TALL AHASSEF, FLORIO

COVER LETTER

Division of Corporations	
SUBJECT: Soma Florida ASC LA	mo, lic
(Name of Limite	ed 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 n	natter to the following:
STEPHEN DESKILL (Name of Person)	
S.F ASC CAND, LUC (Firm/Company)	
6110 S.w 70 St (Address)	7 SEP 28 LAHASSI
(City/State and Zip Code)	PM 3: 48 OF STATE E. FLORIDA
For further information concerning this matter, ple	ease call:
Name of Person) at ((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 am	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
INHS18 (8/05)	

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

Pursuant to the provision liability company submits agent, or both, in the State	the following states	16 or 608.508, ment in order to	Florida Statutes, o change its regis	the undersig tered office o	gned limited r registered	
1. The name of the limited	d liability company	is:			<u> </u>	
2. The mailing address of	the limited liability	company is:			·	
12/21/2001		4. Document number				
3. Date of filing/registration	on in Florida	•	4. Document num	iber		
5. The name of the register Florida Department of S		Registersup	1	n the records	of the	
	100 S.E.	Name 2 St Address Fla y, State and Zip	+ 2800 33121-171	07 TAL TAL		
6. The name and address o	f the new registered	agent and/or of	fice:	SEP :		
- -	STEPHEN GIO S.W. Florida street addre Mani 19 City	ess (P.O. Box N		28 PH 3: L8 ARY OF STATE ASSEE FLORIDA		
If the limited liability composition of the business office of the liability company, it is here of the members of the limited or the operating agreement of the operating agreement (Signature of a number or authorized) (Printed or typed name of signee) I hereby accept the appoint comply with the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions are content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with analytic content of the provisions and I am familiar with a	ange or changes are the registered agent eby confirmed that the ited liability compart of the limited liabilized representative of a mer	made, the Flori will be identica the change(s) was or as otherwility company.	da street address of l. Or, in the case of as/were authorized se provided in the	of the registere of a Florida lind by an affirm articles of org	ed office mited ative vote ganization	
Chapter 608, F.S. Or, if the address, I hereby confirm,	nis document is Bein that the limited liabi	g filed to merely lity company ho 	vreflect a change as been notified in	in the register writing of thi	red office s chänge.	

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