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(Re	equestor's Name)	
(Ad	idress)	
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PICK-UP	 WAIT	MAIL
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National Registered Agents, Inc.

.. "NRAI, the best choice for statutory representation"

FILING REQUEST

October 13, 2005

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF REGISTERED AGENT

Subject(s):

COLAN PROPERTIES, LLC
O.R. COLAN CORPORATE, LLC
O.R. COLAN GROUP, LLC
ORC TRAINING, LLC

O.R. COLAN ASSOCIATES, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE/ REGISTERED AGENT/OFFICE

Supporting Documents(s):

NONE

Check Enclosed:

CHECK# 1535

FOR \$ 175

Return Via:

REGULAR MAIL

Filing Method:

ASAP

PLEASE RETURN TO:

NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

PLEASE CALL ME AT: 1 877-261-6823 IF THERE ARE ANY QUESTIONS.

Thank you!

KAREN REDMAN

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.

	- 9		_				
1. The name of the limite	ed liability com	pany is: Co	olan Prope	erties, LLC			·
2. The mailing address of	f the limited lia	bility comp	oany is:	439 NE 7th Avenue	Fort Lauderd	iale, FL :	33301
		-, , ,	,				
2/20/02				L02000004067			
3. Date of filing/registrat	ion in Florida		-	4. Document nur	nber		
5. The name of the register Florida Department of	ered agent and a	the register	ed office	address as shown	on the record	is of the	;
	Catherine C. M	1 uth					
		N	ame		-		
	4201 N. Ocean	Drive #206					
		Ad	dress		-	_	3
	Hollywood, FL				_	S \(\frac{1}{2}\)	<u>်</u> က
		City, Sta	ite and Z	p		90 Sign	2 <u>5</u>
6. The name and address	of the new regi	stered agen	t and/or o	office:		05 0CT 18	
	NRAI Services,	Inc.				3	
	2731 Executive	Nar Park Drive,				1:37	STATI
	Florida stree	t address (P	O. Box	NOT acceptable)	-	37	3
	Weston	F	L 33331	·			
		City, State	and Zip				
If the limited liability come confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of	hange or change	es are made	the Flor	rida street address	of the registe	ered off	ice vote of n or
(Signature of a member of aution	ized representative of	of a member)					
Karen Ammar Section (Printed or typed name of signee)	retary	<u></u> ~	<u> </u>	. **			\$ 14
I hereby accept the appoing the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if I address, I hereby confirm NRAI services. Inc.	intment as regines of all statutes of all statutes of accept the oblines document in that the limited	stered agen s relative to ligations of s being filed d liability co	t and agr the prop f my posi d to mere ompany l	ee to act in this ca er and complete p tion as registered d ly reflect a change has been notified in	pacity. I fur erformance of agent as pro- e in the regis of writing of t	ther ago of my di vided fo tered of this chai	ree to ities, y in fice nge.

(Signature of Registered Agent)

Karen Redman. Assistant Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00