## L02000010490

2004 MAY 25, A	8:	20
(Requestor's Name) SECRETARY OF ALLAHASSEE, F	STA LOR	: AĈ
(Address)	•	
(Address)	-	
(City/State/Zip/Phone #)	-	
PICK-UP WAIT MAIL		
(Business Entity Name)	•	
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	FILED
SUBJECT: WavesInSolids LLC (Name of corpor	2004 MAY 25 A 8: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT NUMBER: L02000010490	
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Claudette Hay	
(Name of person	50)
WavesInSolids LLC (Name of firm/con	······································
(Name of Influence	ipany)
317H Rex Place (Address)	
(reacos)	
Madeira Beach FL 33708	
(City/state and zip	code)
For further information concerning this matter, please call:	
Claudette Hay	at ( 727 ) 392 9421 (Area code & daytime telephone number)
(Name of person)	(Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of	State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

FILED

2004 MAY 25 A 8: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 12, 2004

CLAUDETTE HAY 317H REX PLACE MADEIRA BEACH, FL 33708

SUBJECT: WAVESINSOLIDS LLC Ref. Number: L02000010490

We have received your document for WAVESINSOLIDS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 104A00023660

## 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 limited liability company is: WAURS / AL SOLIOS Light Flat 25 A 8: 20
2. The mailing address of the limited liability company is: 317 H Rex Baraca.
1. The name of the limited liability company is: WAURS / ALCALIDS LIBITIAY 25 A 8: 20  2. The mailing address of the limited liability company is: 317 H REX RECITE TANY OF STATE MADEINA BEACH FL 33708  TALLAHASSEE, FLORIDA
The state of filing/registration in Florida  LO200010490  4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
CORPORATION SERVICE COMPANY Name
1201 HAYS STREET Address
TALLAHA 55 RE FL 3230 / City, State and Zip
6. The name and address of the new registered agent and/or office:
CLAUDETTE HAY
CLAUDETE HAY  Name  317H REX PLACE
Florida street address (P.O. Box NOT acceptable)
MADEMA BEACH FL 33708  City, State and Zip
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member)
(Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

(Signature of Registered Agent)