## L02000016507

LESTER
2131 NW 40th Terrace, Suite A Gamesville, FL 32605
(City/State/Zip/Phone #)
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SECRETARY LE STAIL

12/10/04



## 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.

agein, or coin, in me place	. 0) 1 10/100.						
1. The name of the limited liability company is: LESTER PUBLICATIONS LLC							
	the limited liability company is						
	GAINEGVILLE						
07/01/2002			.0000165	_	<u> </u>		
3. Date of filing/registration in Florida 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:							
WINTERS, MICHAEL B							
Name							
2131 NW 40th TERRACE JUITE A							
	Address	70					
	GAINESVILLE FI		5-58CO	SE	200		
6. The name and address of the new registered agent and/or office:				SECRETA ALLAHA!	YON AUG		

NEUFELD, RALENE Name

r::

2131 NW 404 TERRACE SUITEA Florida street address (P.O. Box NOT acceptable)

GAINESVILLE FL 32605-5800 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)

JEFF LESTER

(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 duties, 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.

ta sere Hurtid (Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**