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

Pursuant to the provisio liability company submit, agent, or both, in the Stat	ns of sections 6 s the following s e of Florida.	08.416 or 608.500 tatement in order	8, Florida S to change i	Statutes, the unde its registered offic	rrsigned limited ce or registered	
1. The name of the limite	ed liability compa	any is: AVANT	GARDE	BUSINESS, A	12c	
2. The mailing address of	f the limited liab	ility company is:	19161	SKYRIDGE	CTACLE .	
Suit 202	Boo	A RATON,	FL	33498		
7 /10 /2082 L02000/7285 3. Date of filing/registration in Florida 4. Document number						
3. Date of filing/registration in Florida 4. Document number						
5. The name of the register Florida Department of	State:	Name ST AVENUE Address REACH City, State and Z	S 7	ا الوخييان مايانا ال	· · · · · · · · · · · · ·	
6. The name and address	MARC.	City, State and Z tered agent and/or Name Name address (P.O. Box	office:		2 M 9: 48	
•	_	FL City, State and Zip	-		·	
If the limited liability corconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of	thange or change f the registered a creby confirmed to d liability comp of the limited liab	s are made, the Flogent will be identice that the change(s) vany or as otherwise bility company.	orida street a	iddress of the regi he case of a Florid	stered office la limited	
Signature of a member or author	rized representative of	a member)			. 1 7	
(Printed or typed name of signee	<u>(</u>					
I hereby accept the appo comply with the provision and I am familiar with at Chapter 608, F.S. Or, if address, I hereby confirm	nintment as regism ns of all statutes nd accept the obl this document is n that the limited	tered agent and ag relative to the proj igations of my pos being filed to mer liability company	ree to act in per and com ition as regi ely reflect a has been no	this capacity. If the plete performance is the cape in the regularity of the cape in the regularity of the capacity of the capacity.	urther agree to e of my duties, ovided for in istered office f this change.	
(Signature of Registered Agent)				***	· — ,	
Divisio	on of Corporati	ons, P.O. Box 632	7, Tallahas	see, FL 32314		

FILING FEE: \$25.00

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