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SECRETARY OF STATE

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.

ugein, or com, artice bias	o o, 1 10, 1			•	
1. The name of the limite	d liability compan	y is: Plan B Enterprises, LI	LC		
2. The mailing address o	f the limited liabili	ty company is:			
17615 Fieldbrook Circle, B	oca Raton, FL 3349	3			
July 24, 2002		Lasaa	0018673		
	ion in Planida	_	cument number		
3. Date of filing/registrat	ion in Florida	4. D00	zament number		
5. The name of the registre Florida Department of	ered agent and the s State:	registered office address	as shown on the	he records of t	he
•	Gary M. Krasna				
		Name			
	3010 N. Military	Drive, Suite 210			
		Address		7 S	
	Boca Raton, FL				***************************************
	(City, State and Zip			T
6. The name and address	of the new register	ed agent and/or office:		2001 JUL 16 PH 4: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	Gary M. Krasna			ma p	m
		Name		PH 4: 28	
,	120 E. Palmetto	Park Road, Suite 100			
	Florida street ad	dress (P.O. Box NOT ac	cceptable)	Dri 6	
	Boca Raton,	FL 33432			
	Ci	ty, State and Zip			
If the limited liability cor confirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement	hange or changes a the registered age reby confirmed the	re made, the Florida strent will be identical. Or, at the change(s) was/wer	eet address of t in the case of a e authorized by	he registered o a Florida limite v an affirmativ	office ed e vote
X Ellen a Szi	ilito				
(Signature of a member or author	rized representative of a	nember)			
Ellen Soekto	· ·				
(Printed or typed name of signee)				
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	intment as registerns of all statutes re ind accept the obliga- this document is be that the limited li	ed agent and agree to a lative to the proper and ations of my position as a ling filed to merely refle ability company has been	ct in this capac complete perfo registered agei ct a change in i n notified in wi	city. I further a rmance of my at as provided the registered riting of this ch	igree to duties, for in office aange.
(Signature of Registered Agent)					

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