

# LO20000024281

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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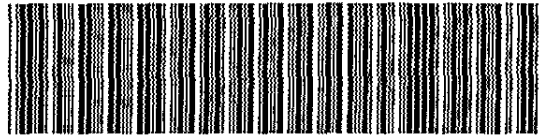
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TREASURY DEPT

**Advanced Tax Centre, Inc.**

(A Firm of Enrolled Agents)

**3819 Murrell Road, Suite E, Rockledge, FL 32955**

*James A. Naff, EA\**  
*E. Ann Shroll, EA\*\**  
*Edward F. Chambers, EA*  
*Kenneth J. Shroll, EA*

Phone: (321) 636-8561  
Fax: (321) 631-7208  
E-mail: atc777@bellsouth.net

**TRANSMITTAL LETTER**

Tuesday, May 13, 2003

Amendment Section  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

SUBJECT: Florida Safes, LLC  
DOCUMENT NUMBER: 02000024281

The enclosed \_\_Statement of Change of Registered Agent\_\_ for a Limited Liability Company is submitted for filing.

Please return all Correspondence concerning this matter to the following:

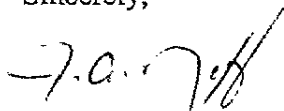
James A. Naff, EA  
Advanced Tax Centre, Inc.  
3819 Murrell Road, Suite E  
Rockledge, FL 32955

For further information concerning this matter, please call:

James A. Naff or Edward Chambers at (321) 636-8561

Enclosed is a check made payable to the Florida Department of State for \$25.00 for the filing fee.

Sincerely,



James A. Naff  
Enrolled Agent

**FILED**  
03 JUN -2 AM 10:13  
TALLAHASSEE, FL 32314

*\* Graduate Fellow of The National Tax Practice Institute*  
*Member: National Association of Enrolled Agents*  
*Member: National Society of Accountants*

*Licensed to Represent Taxpayers at all Administrative Levels of the Internal Revenue Service  
and State Departments of Revenue.*

**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: Florida Safes LLC
2. The mailing address of the limited liability company is : 4301 N. Wickham Road, Suite 11  
Melbourne, FL 32935

Sept 18, 2002

L02000024281

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:

Ron Viau

Name

4301 N Wickham Rd., Suite 11

Address

Melbourne, FL 32935

City, State and Zip

6. The name and address of the new registered agent and/or office:

Paul Bologna

Name

4301 N Wickham Rd., Suite 11

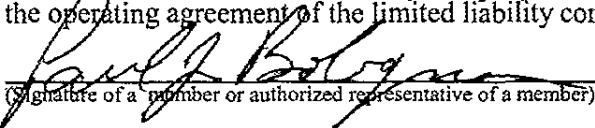
Florida street address (P.O. Box NOT acceptable)

Melbourne

FL 32935

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)

Paul Bologna

(Printed or typed name of signer)

*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.*

  
(Signature of Registered Agent)

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

**FILED**  
03 JUN -2 AM 10:13