## LOQ:00ERED 2859/

2004 AUG -9 P SECHETARY OF STATEMENT ALLAHASSEE. (Requestor's Name) 477 Madison Avenue Twenty Fourth Floor 600039860436 New York, NY 10022 (City/State/Zip/Phone #) 08/09/04--01036--004 \*\*25.00 PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies \_\_\_\_\_ Certificates of Status\_ Special Instructions to Filing Officer:

Office Use Only

## 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: _		Stephmatt, LLC			
2. The mailing address of the limited liability con		nnany is :	v is: 1500 South Ocean Blvd. Unit S305		
Boca Raton, Florida 33		<u>r</u>			
October 25,2002	<u> </u>	······································	L02000028591	<u> </u>	
		,	<u> </u>		
3. Date of filing/registrati	on in Florida		4. Document num	iber	
5. The name of the register Florida Department of S		ered office	address as shown o	n the records of	the
<b>.</b>	Corporation Service	Company	/		
	1201 Hays Street	Name			
•		Address			
	Tallahassee, Florida				
	City, S	State and Z	ip		
6. The name and address of	of the new registered ag	ent and/or	office:		
	Marvin E. Greenfield	#*** · · · · · · · · · · · · · · · · ·		SECTION A	П
	1500 South Ocean	lame Blvd Uni	t S305	CRETARY	FILED
•	Florida street address	(P.O. Box	NOT acceptable)	SEE P	E
	Boca Raton,	FL 3343	32	F 55	
	City, St	ate and Zip	)	る こ	
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement, o	nange or changes are ma	ade, the Flo	orida street address o	of the registered	office ted
(Signature of a member or authori	ized representative of a member	r)			
BARBARA GR (Printed or typed name of signee)	ENFIELD				
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 508, F.S. Or, if the address, Thereby confirm	intment as registered ag is of all statutes relative d accept the obligations his document is being f that the limited liabilit	gent and ag to the proj to my pos iled to mer y company	ree to act in this cap per and complete pe ition as registered a ely reflect a change has been notified in	pacity. I further erformance of m gent as provided in the registered writing of this c	agree to y duties, d for in d office change.

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

INHS18(10/99)

(Signature of Registered Agent)

**FILING FEE: \$25.00**