(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Goples	_ Certificates	s of Status
Special Instructions to	Filing Officer:	7
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Office Use Only

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09/13/04--01027--002 **25.00

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

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	to change its registered office or registered		
1. The name of the limited liability company is: The En	Hertainment Place L.L.C.		
2. The mailing address of the limited liability company is:	8676 San Andros		
West Palm Beach, Fd 33.	VII		
NOVEMBER 6, 2002 3. Date of filing/registration in Florida	L020000 29755		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the registered office Florida Department of State:			
John Paul Garz 8676 San And			
West Palm Beach, Fel 33411			
City, State and Zip			
6. The name and address of the new registered agent and/or	office:		
John Paul Gara	zaniti		
5821 Town Bay	Or Apt 5-28		
Florida street address (P.O. Box NOT acceptable)			
Boca Raton FL	33486		
City, State and Zip)		
If the limited liability company is not organized under the lar confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) with the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	side street address of the registered office		
(Signature of a member or authorized representative of a member)			
John Paul Garzaniti			
(Printed or typed name of signee)	rea to get in this cangaity. I further garee to		
I hereby accept the appointment as registered agent and agreemently with the provisions of all statutes relative to the propand I am familiar with and accept the obligations of my position chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company to the company of the co	ree to act in this capacity. I further agree to her and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.		
Division of Cornerations, P.O. Box 632	7. Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18(10/99)