Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : SHAPIRO & ADAMS, P.A.

Account Number : 119990000101 Phone : (561)691-0059

Fax Number : (561)691-0066

REGISTERED AGENT CHANGE

IKE ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

DIVISION OF CORPORATION

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

liability company submit agent, or both, in the Stat	ns of sections 608.416 or 608. s the following statement in ord e of Florida.	ler to change its registered of	dersigned Tice or re	limitei gistered
1. The name of the limit	ed liability company is: IKE Er	nterprises, LLC		
2. The mailing address o	f the limited liability company is	5840 Corporate Way,		
Suite 106A, West Pair				
November 12, 2002	L02000030208			
Date of filing/registrat	ration in Florida 4. Document number			
5. The name of the registr Florida Department of	ered agent and the registered offi State: Stephen Lovas	ce address as shown on the rec		03 DEC
	Name 5840 Corporate Way, Suite	1084	CRETARY OF STATE LAHASSEE, PLORIDA	
	Address	\dor	H _C	
	West Palm Beach, FL 3340		SS FS	2
	City, State and	Zip	当当	಼
5. The name and address	of the new registered agent and/o	or office:	×π	17
	Ralph Landay			
	1875 Ridge Road Name			
	Florida street address (P.O. Bo	x NOT acceptable)		
	North Palm Beach FL 33	407		
	City, State and 2	Zip		
confirmed that after the ch and the business office of lability company, it is her he members of the limite	pany is not organized under the range or changes are made, the F the registered agent will be iden eby confirmed that the change(s I liability company or as otherwif the limited liability company.	lorida street address of the regi tical. Or, in the case of a Flori was/were authorized by an af	istered of da limited firmative	; vote of
Tim ford	2			
Signature of a member or authori	zed representative of a member)	-		
Ralph Landay				
Printed or typed name of signee)		-		
I hereby accept the appoint omply with the provision and I am familiar with all thapter bild F.S. Or All address, I hereby confirm	ntment as registered agent and a s of all statutes relative to the pr Laccept the obligations of my ac us document is being filed to me that the limited liability compan	igree to act in this capacity. I joper and complete performand sition as registered agent as po- trely reflect a change in the reg y has been notified in writing o	further ag e of my d rovided fo fistered of if this cha	ree to uties, or in Tice nge.
Signature of Registered Agent)		•		
Divisio	n of Corporations, P.O. Box 63	27, Tallahassee, FL 32314		

FILING FEE: \$25.00

TOTAL P.02

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