L0200003/849

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|------------|--|---|-------|
| | and the second s | · · · | |
| SURJ | ECT: ROYAL MANAGEMENT LLC | | |
| БОВ | | Liability Company) | |
| | | | |
| Dear S | Sir or Madam: | | |
| The en | nclosed Registered Agent/Registered Office Ch | Change and fee(s) are submitted for filing. | |
| Please | return all correspondence concerning this mat | atter to the following: | |
| Kenn | eth A Treadwell | | |
| | (Name of Person) | TAI | |
| c/o K | enneth A Treadwell PA | IDT OC ECRE | |
| | (Firm/Company) | AS AS | |
| 15 15 15 | ार केटराडोल परिवर्त भारताता । | TARY C | |
| 7240 | 7th Place North | <u>ت</u> و را الله الله الله الله الله الله الله ا | 1 1 |
| | (Address), | PRTA W | |
| • | | TE IS | |
| West | Palm Beach, FL 33411 | • | |
| | (City/State and Zip Code) | <u>-</u> | |
| For fu | rther information concerning this matter, pleas | ase call: | |
| Kenn | eth A Treadwell at (56 | 61) 798-0901 | |
| | (Name of Person) | (Area Code & Daytime Telephone Nur | nber) |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| | Enclosed is a check for the following amou | ount: | |
| | \$25 Filing Fee | \$55 Filing Fee & Certified Copy | |

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.

| 11/26/2002 | | L02000031849 | , | | |
|---|---|--|--|--|--|
| 3. Date of filing/registration in Florida | | 4. Document number | | | |
| 5. The name of the regist Florida Department of | | gistered office address as shown on t | he records of the | | |
| - | Kenneth A Treads | well | | | |
| | c/o Kenneth A Trea | Name adwell PA, 8120 Belvedere Rd St | _ : \ | | |
| | | Address | | | |
| | West Palm Beach, | y, State and Zip | ARY I | | |
| 6. The name and address | • | · | | | |
| | Kenneth A Treadw | vell Si | g w | | |
| | | Name dwell PA, 7240 7th Place North | . . . | | |
| | riorida street addre | ess (P.O. Box NOT acceptable) | | | |
| | West Palm Beach, | FL 33411 | | | |
| | City, | , State and Zip | | | |
| confirmed that after the cand the business office o | change or changes are f the registered agent ereby confirmed that t | ed under the laws of the State of Flor made, the Florida street address of t will be identical. Or, in the case of a the change(s) was/were authorized by my or as otherwise provided in the ar lity company. | he registered office a Florida limited v an affirmative vote | | |

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)

(Printed or typed name of signee)