03000003582

Liberal Dits UC (Requestor's Name) 1072 Lauders 84, (Address)					
(Requestor's Name)					
1072 Lauders 8t,					
(Address)					
(Address)					
Drmund Brack, 31 3217. (City/State/Zip/Phone #)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2005

LIBERAL ARTS LLC 1072 LAUDERS ST. ORMOND BEACH, FL 32114

SUBJECT: LIBERAL ARTS, LLC Ref. Number: L03000003582

We have received your document for LIBERAL ARTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 505A00070768

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.

agent, or both, in the Stat	e oj Pioriaa.	=	•		
1. The name of the limite	ed liability company is	: Liberal Ar	ts, LLC		
2. The mailing address of	f the limited liability of	company is : _	1072 Landers Str	eet	
Ormond Beach, FL 32					
01/29/03			L03000003582		
3. Date of filing/registrat	ion in Florida	<u></u>	4. Document num	ber	
5. The name of the register Florida Department of		istered_office	address as shown or	the records of the	
Tionas Doparativos		aniel S. Frie	bis		
	3890 T	Name urtle Creek I	Dr., Suite B-1	•	
Address Port Orange, FL 32127 City, State and Zip				06 FEB 13 PM 1:36	
6 The name and address	-	•	•	8	
6. The name and address of the new registered agent and/or office: Nancy K. Pittard					
	至				
Name 1072 Landers Street				STA LOHA	
	\$\frac{1}{2}\tau \tau \tau \tau \tau \tau \tau \tau				
	Ormond Beach	FI. 3217	4		
	City,	State and Zip	· · · · · · · · · · · · · · · · · · ·		
If the limited liability conconfirmed that after the condition and the business office of liability company, it is he the members of the limite the operating agreement of the limited by the limited liability confidence of the limited liability company.	hange or changes are the registered agent were that the distribution of the limited liability	made, the Flor will be identicate change(s) we r as otherwise company.	rida street address o al. Or, in the case o as/were authorized	of the registered office of a Florida limited by an affirmative vote of	
(Printed or typed name of signee)	Pitard.				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered is of all statutes relating accept the obligation in the decimal is being that the limited liabil	agent and agr ve to the prop ons of my posi g filed to mere lity company i	ee to act in this cap er and complete pe tion as registered a ly reflect a change ias been notified in	acity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent)					

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

INHS18(10/99)

FILING FEE: \$25.00