L03000009058

(Requestor's Name)	
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(City/State/Zip/Phone #)	
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(Document Number)	
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DIVISION OF CORPORATIONS

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
•	
SUBJECT: ALLSTATE COMPUTERS, LLC	_
(Name of corpo	pration)
DOCUMENT NUMBER: L03000009058	
The enclosed Statement of Change of Registered Office	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	to the following:
BRIAN ARTIGAS	
(Name of person)	
ALLSTATE COMPUTERS, LLC	
(Name of firm/company)	
<i>Toney</i> 160 TONY PENNA DRIVE, SUITE #3	PR SET
(Address)	
JUPITER, FLORIDA 33469 33458	D3 APR 14 AM 7: 53
(City/state and zip code)	
For further information concerning this matter, please ca	ll:
BRIAN ARTIGAS at (561	ր 248-1507
(Name of person) (Area of	248-1507 code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Departm	nent of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32	ations



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 2, 2003

BRIAN ARTIGAS
ALLSTATE COMPUTERS, LLC
160 TONEY PENNA DRIVE, SUITE #3
JUPITER, FL 33458

SUBJECT: ALLSTATE COMPUTERS, LLC

Ref. Number: L03000009058

We have received your document for ALLSTATE COMPUTERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation rather than for an LLC. Please complete and return the enclosed form, along with a copy of this letter.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 503A00019988

GIVISION OF CORPORATIONS

Please Send refund check to return address.

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	s: Allstate Computers, LLC
	company is: 160 Toney Penna D. Ste3.
	Jupikr, FL 33458
3/12/03	L0300000 9058
3. Date of filing/registration in Florida	4. Document number
Florida Department of State:	ristered office address as shown on the records of the
Gregg	1. Casalino
3111	fardinal Dr.
Vere	M. Casalino Fardinal Dr. Address Beach FL 37463 y, State and Zip agent and/or office: Artigas Name Penna D. Stc 3 ass (P.O. Box NOT acceptable)
6. The name and address of the new registered	agent and/or office:
Boson	Action (
- Read (M.)	Name Name Neg Penna D., Stc 3 ess (P.O. Box NOT acceptable)
160 To	mey Penna D., Stc 3 " 2"
Florida street addre	ess (P.O. Box NOT acceptable)
Juliter	FL 33458 State and Zip
City,	State and Zip
confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that the members of the limited liability company of the operating agreement of the limited liability	d under the laws of the State of Florida, it is hereby made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited he change(s) was/were authorized by an affirmative vote of or as otherwise provided in the articles of organization or company.
12	
(Signature of a member or authorized representative of a mem	iber)
Brian Artigas	
(Printed or typed name of signes)	1
I hereby accept the appointment as registered comply with the provisions of all statutes relate and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liable	agent and agree to act in this capacity. I further agree to ive to the proper and complete performance of my duties, ons of my position as registered agent as provided for in g filed to merely reflect a change in the registered office lity company has been notified in writing of this change.
(Signature of Registered Agent)	
(DIBITUTE OF MORPHOLOGICAL MEDITE)	

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

INHS18(10/99) FILING FEE: \$25.00