L 03000015628

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Yoyodine Motions,			
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
Kathy Kuchta	SEE 28		
Name of Person			
Dharma Group, LC	- NO.		
Firm/Company			
14 S. Swinton Avenue Address			
Delray Beach, FL 33444			
City/State and Zip Code			
kathy@goodwater.com E-mail address: (to be used for future annual report	notification)		
For further information concerning this ma	tter, please call:		
Kathy Kuchta Name of Person	at (
Name of Leasti	Aca Code & Dayunte Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the follow	ing amount:		
\$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.

1. Name of the limited liability company:	Yoyodine Motions, LLC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	1180 Seminole Trail, Ste. 155 Charlottesville, VA 22901
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1180 Seminole Trail, Ste. 155 Charlottesville, VA 22901
4/30/2003	L03000015628
3. Date of filing/registration in Florida 4	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	Sandi Morick
Registered Office Address:	615 S L Street Lake Worth, FL 33460
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW Registered Agent</u> :	Registered Office address Kathy Kuchta
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Delray Beach ,FL 33444
If the limited liability company is not organized under the la 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) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office
Kimberly Goodyear, Manager Printed or typed name of signee	-
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer- address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per 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 Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent