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Bu office about

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.

ugeni, or ooin, in in	•			
1. The name of the	limited liability company is: Surf Producers LLc			
	ress of the limited liability company is: 9232 Abbott	Av		
Surfside FL				
5/22/2003	L03000018	L03000018474		
3. Date of filing/reg	gistration in Florida 4. Document	number		
5. The name of the r Florida Departme	registered agent and the registered office address as sho ent of State: Ronald Scelza	wn on the records of the		
	9232 Abbott AV			
	Address Surfside, FL. 33154 City, State and Zip	O3		
6. The name and address of the new registered agent and/or office:		AUG CRETA		
Ronald Scelza —		ASSEE ASSEE		
	9232 Abbott Av.	그것 로 ㅇ		
	Florida street address (P.O. Box NOT acceptate	ORIDA TATE OCORDA		
	Surfside _{FL} 33154	A 0		
	City, State and Zip			
confirmed that after and the business off liability company, it the members of the the operating agreen	ty company is not organized under the laws of the State the change or changes are made, the Florida street addice of the registered agent will be identical. Or, in the case is hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the first of the limited liability company.	ress of the registered office		
Ronald Scelza				
(Printed or typed name of	• .			
I hereby accept the comply with the pro and I am familiar w Chaple 608, F.S. address, I hereby co	appointment as registered agent and agree to act in the visions of all statutes relative to the proper and completed and accept the obligations of my position as registe. It is document is being filed to merely reflect a changing that the limited liability company has been notified.	is capacity. I further agree to the performance of my duties, red agent as provided for in ange in the registered office ed in writing of this change.		

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

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FILING FEE: \$25.00