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(Requestor's Name)	_
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RBA Insurance Strategies	-
319 Clematis Street	
West Palm Beach, FL 33401	
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(City/State/Zip/Phone #)	-
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(Business Entity Name)	-
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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:	LC .
2. The mailing address of the limited liability company is:	120 S. Dixie Hwy
West	Palm Beach, FL 33401.
JUNE 17, 2003	L03000021872
 	Document number
5. The name of the registered agent and the registered office add Florida Department of State:	ress as shown on the records of the
Corporate Creations N	letnovk. Inc.
11380 PROSPERITY FAVO Address	
Palm Beach Grandens 1 City, State and Zip	FL 33410
6. The name and address of the new registered agent and/or offic	ce:
CAROLE Thomas Name 319 Clematis Street Florida street address (P.O. Box NO West Palus Beach FL City, State and Zip	T acceptable)
If the limited liability company is not organized under the laws of confirmed that after the change or changes are made, the Florida and the business office of the registered agent will be identical. liability company, it is hereby confirmed that the change(s) was the members of the limited liability company or as otherwise prothe operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	street address of the registered office Or, in the case of a Florida limited were authorized by an affirmative vote of
ROY B. ASSAD	# B
(Printed or typed name of signee)	1997 1997 1997 1997
I hereby accept the appointment as registered agent and agree a comply with the provisions of all statutes relative to the proper of and I am familiar with and accept the obligations of my position Chapter 608, F.S. Or, if this document is being filed to merely raddress, I hereby confirm that the limited liability company has	to act in this capacity. I further agree to and complete performance of my duties, as registered agent as provided for in reflect a change in the registered office been notified in writing of this change.
(Signature of Registered Agent)	

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

FILING FEE: \$25.00

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