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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Wolff (Name of L	Jul Thustments LLC imited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
Mare Wolff (Name of Person) Wolff Juni/ Fa (Firm/Company)	vestments, LLC
/800 3 nd St. #8 (Address) Sonsota, PL 3 (City/State and Zip Code)	92
For further information concerning this matte	er, please call:
Mar Wolf (Name of Person)	at (94) 307 204/ (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g 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. The name of the limited liability company is: Wolff Jvall Fnost	muts. LLC
2. The mailing address of the limited liability company is: 1800 2nd 57.	
#892 Sarasota, FL 34236	
7/24/03 203 000027/8	>9
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of Florida Department of State: Solar Compton	the
Address Sans. Hy FL 34836 City, State and Zip)))
6. The name and address of the new registered agent and/or office: Mare Wolff Florida street address (P.O. Box NOT acceptable) Sapas-ta FL 34736	FILED.
City, State and Zip	Amer
If the limited liability company is not organized under the laws of the State of Florida, it is herel confirmed that after the change or changes are made, the Florida street address of the registered and the business office of the registered agent will be identical. Or, in the case of a Florida limit liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmati of the members of the limited liability company or as otherwise provided in the articles of organ or the operating agreement of the limited liability company.	office ted
(Signature of a member or authorized representative of a member) (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent as provided Chapter 608, F.S. Or, if this document is being filled to merely reflect a change in the registered address, I hereby confirm that the limited liability company has been notified in writing of this c	agree to auties, l for in l office hange.
(Signature of Registered Agent)	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00