## L03000028035

(Re	questor's Name)	, <u>, , , , , , , , , , , , , , , , , , </u>
(Add	dress)	
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(Cit	y/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	
Certified Coples	_ Certificates of	f Status
Special Instructions to I	Filling Officer:	
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	Office Use Only	BUK



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TALLAHASSEE, FLOR

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## TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: BOOSTER FINANCIAL SERVICES LLC (Name of corporation)  DOCUMENT NUMBER: LO 300 00 280 35		-
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing	<b>ğ</b> .	
Please return all correspondence concerning this matter to the following:		
(Name of person)  Suite 107  (Name of firm/company)  2840 Boca Latou Blod  (Address)  Boca Latou FL 33431  (City/state and zip code)  For further information concerning this matter, please call:	03 AUG 29 PM 12: 49	
John Fund at (56) 750-5044		
(Name of person) (Area code & daytime telephone number)		

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## 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: 2. The mailing address of the limited liability company is: Document number Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: 6. The name and address of the new registered agent and/or office: Florida street address (P.O. Box NOT acceptable) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. ature of a member of authorized representative of a member) (Pfinted or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I herefore sonfirm that the limited liability company has been notified in writing of this change.

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

FILING FEE: \$25.00