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LAW OFFICE

ERIC H. SOMMER, P.A.

P.O. Box 547764 Orlando, Florida 32854-7764

Telephone: (407) 447-4541 Facsimile: (407) 447-6384 www.ehslawoffice.com

Eric H. Sommer, Esquire
Also admitted in Tennessee
E-mail: ehs@ehslawoffice.com

September 27, 2005

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

Re:

Nu Beginnings, LLC Our File No. 11-24

Dear Sir or Madam:

Enclosed please find the original Statement of Change of Registered Agent for Limited Liability Company, along with our firm's check in the amount of \$25.00 made payable to the Department of State to cover the filing fee for same.

If you should have any questions or need additional information, please contact Mr. Hanton Walters at 407-491-9044.

Very truly yours,

Eric H. Sommer, Esq.

EHS/tl Enclosures

cc: Clie

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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 limit	ed liability company is:	NU BEGINNINGS, LLC	
		mpany is : _7858 Canyon La	ike Circle,
Orlando, FL 32835	·		
08/25/2003		L0300003189	0
3. Date of filing/registration in Florida		4. Document nur	mber
5. The name of the regist Florida Department of	ered agent and the regis State:	tered office address as shown	on the records of the
- · · · · · · · · · · · · · · · · · · ·	Eric H. Sommer, Es	sq.	
	20 N. Orange Aven	Name ue	•
		Address	•
Orlando, FL 32801 City, State and Zip			
	_	-	
6. The name and address	of the new registered ag	gent and/or office:	Z., 0
	Hanton Walters		50
	37 N. Orange Avenue, Ste. 500		FILED 05 OCT -3 PH 12: QU NATA STATE
	Florida street address	(P.O. Box NOT acceptable)	
	Orlando	_{FL} 32801	HIZ:
	City, S	tate and Zip	79 E
confirmed that after the c	hange or changes are me the registered agent with reby confirmed that the deliability company or a the limited liability co	ander the laws of the State of I ade, the Florida street address II be identical. Or, in the case change(s) was/were authorize as otherwise provided in the arompany.	of the registered office of a Florida limited
Hanton Walters			
(Printed or typed name of signee)			
I hereby accept the appo comply with the provision and flam familiar with at Chapter 608, F.S., Or, if address, I hereby/confirm	intment as registered as 1510 fall statutes relative apaccept the obligation this document is being f 1 that the limited liabilit	gent and agree to act in this ca to the proper and complete p s of my position as registered i iled to merely reflect a change y company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office writing of this change.

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

(Signature of Registered Agent)