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## COVER LETTER

Division of Corporations
SUBJECT: GOD BLESS AMERICA LLC
(Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Craig D. Savage, Esq.
(Name of Person)
Savage & Atlass, P.L.  (Firm/Company)  801 NE 167 Street, Suite 302  (Address)
(Firm/Company)
801 NE 167 Street, Suite 302 골
801 NE 167 Street, Suite 302  (Address)  (Address)
North Miami Beach, FL 33162
(City/State and Zip Code)
For further information concerning this matter, please call:
Craig D. Savage, Esq. at (305 ) 651-4101
(Name of Person) (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 amount:
INHS18 (8/05)

## 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: Go	od Bless America LLC
2. The mailing address of the limited liability compa	any is : 16400 Collins Ave., Apt. 741, Miami, FL 33160
09/12/2003	L03000034746
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registere Florida Department of State:  Irina Nikitsky	
	ame
16400 Collins Ave., A	lress
Miami, FL 33160	
City, Star	te and Zip
6. The name and address of the new registered agent	and/or office:
Ozi Argaman	Apt. 741  liress  te and Zip  and/or office:  The properties of th
Uzi Argaman Nam 8315 hodeo Pi	3 Out 3
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•	O. Box NOT acceptable)
<u>lake worth</u> Fi City, State	<u> </u>
City, State	and Zip
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the charge of the members of the limited liability company or a or the operating agreement of the limited liability co	, the Florida street address of the registered office e identical. Or, in the case of a Florida limited
(Signature of a member or authorized representative of a member)	
Uzi Argaman	
(Printed or typed name of signee)	<u> </u>
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F/S. Or, if this document is being filed address, I hereby confirm that the limited liability confirms the limited liability confirms that the limited liability confirms the liability confirms the liability confirm	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office impany has 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

INHS18 (8/05)