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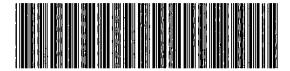
(1	Requestor's Name)			
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TO: Registration Section Division of Corporations			
SUBJECT: SENSES 3, LLC (Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to	the following:		
ALICIA SWEENEY (Name of Person)	_		
SENSES 3, LLC (Firm/Company)			
236 Pasadena Place			
City/State and Zip Code)	_		
For further information concerning this matter, please call:			
AriciA Sweeney at (407) 246.0005			
(Name of Person) (Area C	Code & Daytime Telephone Number)		
Registration Section Reg Division of Corporations Divi	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5 Filing Fee & Certified Copy		

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•STÄTEMENT 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 Floridă. JENSES 3. 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 10.17.2003 L03000039845 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) FL 32803 nelando 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

Printed 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 duties, 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 hereby confirm that the limited hability company has been notified in writing of this change.

FILING FEE: \$25.00

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