L03000039918

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



700059767027

09/26/05--01035--021 **25,00

2005 SEP 26 PH 4: 04

A BRYMAL OCT 3 2005

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LEWIS PROPERTIE	d 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 m	natter to the following:
NICK LEW'S (Name of Person)	2005 SEP
(Firm/Company)	2005 SEP 26 PH 4: 04 2005 SEP 26 PH 4: 04
305 PRINCETON DRIVE	ORIDA
LANE WORTH FL 33460 (City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
NICK LEW S at ((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 amo	ount:
▼\$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: LEWIS PROPERTIES LLC
2. The mailing address of the limited liability company is: 9285. FEDELAL How
LAVE WOLTH FI 33460
10 17 03 L0300039918 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 the Florida Department of State:
TOG3 HOLLYWOOD SLYD SWITE 180 Address Address
6. The name and address of the new registered agent and/or office: Covo J. Franzosikio
Name 305 Plin/Fron Slive Florida street address (P.O. Box NOT acceptable)
City, State and Zip
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. (Signature of a member or authorized/representative of a member)
WICK LEWIS (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 occept the obligations of my position as registered agent as provided for in Chapter 606, F.S. Of at this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the hmited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)