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(Re	equestor's Name)	
. (Ad	ldress)	
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(Cit	ty/State/Zip/Phone#)
PICK-UP	WAIT	MAIL MAIL
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Certified Copies	_ Certificates of	Status
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Lobo Holdings, LLC 6445 NW Hemlock Street Port Saint Lucie, Fl 34986 (772) 879-9346

Division of Corporations PO BOX 6327 Tallahassee, FI 32314

Enclosed please find a fully executed Statement of Change of Registered Office or Registered Agent for Limited Liability Company, along with a check for the filing fee of \$25.00. If there is any further action that needs to be taken please contact me at your earliest convenience.

Thank You,

Yesica Jure-Fraga

enclosures

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.

agent, or both, in the state of Fibrida.		
1. The name of the limited liability company is:	.000 Holdings	,LLC
2. The mailing address of the limited liability compa	my is: 6445 NW H	emlock St
PORT St Lucio FL 3499	86	
October, 31, 2003	L03nnnn	42134
3. Date of filing/registration in Florida	4. Document numb	er
Add	Pations Notwo Me J Farms RD#2211 Jens, FL, 33410	nk,Inc
6. The name and address of the new registered agent a	and/or office:	
YASKO A. JU LOUUS NW HAN Florida street address (P.O POYISI LUCIA FL City, State a	NICK ST D. Box NOT acceptable) 34980	O4 SEP 15 PM 2:3
If the limited liability company is not organized under 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 char the members of the limited liability company or as off the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	r the laws of the State of Flor the Florida street address of identical. Or, in the case of age(s) was/were authorized be herwise provided in the artic any.	ride is hereby
YESICA A JUVE-Fraga (Printed or typed name of signee)		
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of not have 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability con ULLUO QUALLE QU	and agree to act in this capa he proper and complete perfo ny position as registered age to merely reflect a change in npany has been notified in w	city. I further agree to ormance of my duties, ent as provided for in the registered office writing of this change.
(Signature of Registered Agent)		

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