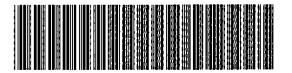
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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP	TIAW	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
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TALLAHASSEE FLORINA

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Foundit, 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:			
Thomas J. Risalvato, CPA Name of Person			
Carr, Riggs & Firgram, LC			
151 Mary Esther Blvd #301			
Mary Esther FL 32569 City/State and Zip Code			
Email address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Cindy Patton at (80) 337-3543			
Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 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.

agem, or both, in the blute of Pioriaa.	
1. Name of the limited liability company: Four	lit, UC
2. (a) Principal office address of limited liability comp	Dany: 90 Carr, Riggs + Ingram
(Note: MUST BE STREET ADDRESS)	151 Mary Esther Blvd #301 Mary Esther, FC 32569
(b) Mailing address of limited liability company:	Same
(Note: MAY BE POST OFFICE BOX)	
11-13-2003	L030000 4456 3
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	
Registered Agent:	Dana Matthews :
Registered Office Address:	Mutthews & Hawkins 4475 Legendary DR
	Destin, FL 32541
(b) Enter name of NEW Registered Agent and/or I	
NEW Registered Agent:	Thomas J. Risalvato, CPA
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	GO Carr, Riggs + Ingram UC 151 Mary Esther BIVA #301 Mary Esther ,FL 32569
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change of the members of the limited liability company or as of the two operating agreement of the limited liability company.	the Florida street address of the registered office dentical. Or, in the case of a Florida limited se(s) was/were authorized by an affirmative vote therwise provided in the articles of organization

Signature of a member or authorized representative of a member

Bruce Witkind

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 liability company has been notified in writing of this change.

Thomas lisalvato

Signature of Registered Agent