## 103000045096

Sadat Smith (Requestor's Name)				
(Requestor's Name)  7109 YOCH BOSIN AVE. (Address)				
Apt. # LDL (Address)				
OV lando, Fl 35835 (City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
8/15 PACh				
W3-45096				

Office Use Only



500058420885

M. HODGES

08/15/05--01033--008 \*\*25.00

FILED

05 AUG 15 PH 12: 25

## 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 limite	od liability company is:	In The Cut Financial Servi	ces, LLC	
		mpany is: 7109 Yacht Basir	TAVOING.	
Unit 424, Orlando, FI	32835		·	
11/18/2003		L03000045096		
3. Date of filing/registrati	ion in Florida	4. Document num	ıber	
5. The name of the register Florida Department of	ered agent and the regist	tered office address as shown o	on the records of the	
•	Agents and Corpora			
	Suite 600, One Cor	Name nmerce Center, 1201 N. O		
	Wilmington, DE 19		FIL 05 AUG 15 TALLAHÁSS	
. m	• •	State and Zip	TILE PR	
6. The name and address of the new registered agent and/or office:				
	Sadat M. K. Smith			
7109 Yacht Basin Ave, Unit 424			PM 12: 25	
	Florida street address	(P.O. Box NOT acceptable)	<b>&gt;</b> .	
	Orlando	<sub>FL</sub> 32835		
	City, S	tate and Zip	**	
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limite the operating agreement of the company of the limite of the operating agreement of the company of the limite of the operating agreement of the company of the limited that the operating agreement of the limited liability company of the liability c	nange or changes are me the registered agent will be confirmed that the d liability company or a f the limited liability co	-	lorida, it is hereby of the registered office of a Florida limited I by an affirmative vote of icles of organization or	
Sadat M. K. Smith				
(Printed or typed name of signee)				
And M. t	ntment as registered ag s of all statuted relative d accept the adligations his document is being f that the limited liability	tent and agree to act in this cap to the proper and complete pe to fmy position as registered a iled to merely reflect a change w company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent)	<i>V</i>			

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

INHS18(10/99)

**FILING FEE: \$25.00**