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Silk Creek \ 3 Creek \ Ormond Bea	ħαw Wa∀	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
_	siness Entity Nam	
(Do		
Special Instructions to	Filing Officer:	1 Ch
	Office Use Only	,



10/14/05 -0101 - 4024 - \*\*25,00



## 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	d liability company i	is: Silk Creations, LLC	
		company is: 3 Creekview Wa	 I <b>V</b> ,
		company is .	<u>*'</u>
Ormond Beach, FL 321	1/4		<del></del> •
12/11/03		L0300005220	0
3. Date of filing/registration in Florida		4. Document nui	mber
5. The name of the register Florida Department of S		gistered office address as shown	on the records of the
•		Daniel S. Friebis	
	3890 T	Name Furtle Creek Dr., Suite B-1	
		Address t Orange, FL 32127	12.00 <b>05</b>
	Cit	y, State and Zip	S -
6. The name and address of	f the new registered	agent and/or office:	
	Wi	lliam Schroeder	ASSET P
	3 Cr	Name eekview Way	OSOCT 14 PM 1:5
- -	Florida street addre	ess (P.O. Box NOT acceptable)	
	Ormond Beach	<sub>FL</sub> 32174	
	City,	State and Zip	
confirmed that after the ch and the business office of t	ange or changes are the registered agent to be confirmed that the liability company of the limited liability		of the registered office of a Florida limited
William Schroeder			
(Printed or typed name of signee)			
I hereby accept the appoir comply with the provisions and I am familiar with and Chapter 6/8, F.S., Or, if the address hareful confirm to (Signature of Revisiered Agent)	atment as registered of all statutes relati accept the obligation is document is being that the limited liabi	agent and agree to act in this ca ive to the proper and complete p ons of my position as registered o g filed to merely reflect a change lity company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in In the registered office I writing of this change.

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

INHS18(10/99)

FILING FEE: \$25.00