## 14000003927

Sure Shot Entertainment, LLC
Drayne Druglas 7154 N. University Drive #297
Tamarac FL,33321
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100043729091

01/03/05--01023--003 \*\*25.00

DIS JAN -3 AMII: O

W43927

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.415 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	d liability company is:	SURES	HOLENIERIAN	IMENT, L	LÇ	
2. The mailing address of						
Tamarac, FL 33321		,		• el =		
01/15/2004			L0400000392;			
3. Date of filing/registrati	ion in Florida		4. Document nu	inber		
5. The name of the register Florida Department of		stered offic	e address as shown	on the reco	rds of t	he
-	CORPORATION		E COMPANY	_		
	1201 H	Name IAYS STR	EET			
	TALLALI	Address	00004			
		ASSEE FL State and				
6. The name and address of	-		•			
o. The hand and address (						
		VE DOUG				
	7154 N. UNIV	Name ERSITY D	RIVE #297			
	Florida strect address	s (P.O. Box	NOT acceptable)			
	TAMARAC	FL	33321			
	City, S	state and Zi	P	TAL 32	200	
If the limited liability comconfirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the limited the operating agreement of signature of a member or authority.	nange or changes are in the registered agent wi by confirmed that the d liability company or f the limited liability of	ade, the Flill be identic change(s) as otherwise ompany.	orida street address cal. Or, in the case	of the fells	stered o	ffical i
	See 1 optics of the mount	-1 /		F'''	_	
Dwayne Douglas (Printed or typed name of signee)			_			
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm Signature of Registered Agent)	ntment as registered as sof all statutes relative taccept the obligation his document is heine the limited liability that the limited liability	gent and age to the pro s of my pos filed to mer ty company	ree to act in this cuper and complete platfon as registered selly reflect a change has been notified in	pacity. I fi efformance igent as pr in the regi writing of	urther a of my ovided istered this ch	gree to duties, for in office ange.

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

**FILING FEE: \$25.00**