LD4000004648

	_		
- ALLURE ACCOUNTING, LLC	_		
28000 Spanish Wells Boulevard			
Bonita Springs, Florida 34135			
(City/State/Zip/Phone #)			
(013,7222			
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(Business Entity Name)			
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JYLLIUN OF CORPORATIONS
TAIL AHASSEE, FLORIDA

J. BRYAN APR 2 2 2004

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.

3 ,,			
1. The name of the limited liability company i	is: <u>VERO BEACH DEVELOR</u>	PHENT , LLC.	
2. The mailing address of the limited liability	company is : <u>PO BOX 279</u>	•	
BONITA SPRINGS, 7L 34133			
01/16/2004	· · · · · · · · · · · · · · · · · · ·		
3. Date of filing/registration in Florida	4. Document numb	4. Document number	
5. The name of the registered agent and the reg Florida Department of State:	gistered office address as shown on	the records of the	
ANGELL CORPOR	RATE SERVICES, INC. Name		
ONE NORTH CLE	MATIS STREET, SUITE 400 Address	FILED FI	
WEST PALM BE	M.H. FL 33401 ty, State and Zip	FILE U 2004 APR 12 PM 4: 18 UNYLUN OF CORPORATIONS UNTALLAHASSEE, FLORIDA	
6. The name and address of the new registered	l agent and/or office:	LEI 12 P ASSER	
ALLUPE ACC	COUNTING, LLC		
ORAMA STANIK	Name 5H WELLS BLVD	22 ·	
	ress (P.O. Box NOT acceptable)	ONS	
BONITA SPRING	S FL 84135		
	y, State and Zip		
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that the members of the limited liability company the operating agreement of the limited liability (Signature of a member of authorized representative of a me	e made, the Florida street address of will be identical. Or, in the case of the change(s) was/were authorized or as otherwise provided in the articly company.	orida, it is hereby The registered office If a Florida limited By an affirmative vote of Eles of organization or	
JAMES W. AMBURN			
(Printed or typed name of signee)			
I hereby accept the appointment as registered comply with the provisions of all statutes rela and I am familiar with and accept the obligat Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liab	d agent and agree to act in this cape tive to the proper and complete per ions of my position as registered as ng filed to merely reflect a change i nility company has been notified in t	acity. I further agree to formance of my duties, tent 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

INHS18(10/99)