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Van Beuren Ent. LLC 13833 Wellington Trace Wellington FL 33414
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INTEST 8(10/99)

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 liability company is: VAN BEUREN ENTERPRISES, L.L.C. 2. The mailing address of the limited liability company is: 700 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401 JANUARY 21, 2004 L4000005466 Date of filling/registration in Florida Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: AMY E. SCHULTZ Name 700 NORTH OLIVE AVENUE Address WEST PALM BEACH, FL 33401 City, State and Zip 6. The name and address of the new registered agent and/or office: MARILLA VAN BEUREN Name 13833 WELLINGTON TRACE BOX 110 Florida street address (P.O. Box NOT acceptable) WELLINGTON City, State and Zip If the limited liability company is not organized under the laws of the State of Fiorida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of members of the limited liability company or as otherwise provided in the articles of organization or operating agreement of the limited liability company. (Signable of a member or authorized representative of a member) MARILLA VAN BEUREN (Printed or typed name of signer) 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 stabiles 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 filled to merely reflect a change in the registered office charges, I hereby confirm that the limited liability company has been notified in writing of this change. Division of Corporations, P.O. Box 6327, Taliahassee, FL 32314

FILING FEE: \$25.00

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