L0400005847

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BOO INVESTMENTS, LLC (Name of L	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
JOHN F. COOK, ESQ.	
(Name of Person)	
JOHN F. COOK, P.A.	
(Firm/Company)	
2033 WOOD STREET, SUITE 220	
(Address)	
SARASOTA, FL 34237	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
JOHN F. COOK	at (941) 906-1560
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the followin	g amount:
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

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 li	mited liability compar	ny is: BOO INVESTMENTS, LLC	
2. The mailing addre	ss of the limited liabil	ity company is : 735 EAGLE POINT	DRIVE, VENICE, FL 34285
01/22/2004		L04000005847	
3. Date of filing/registration in Florida		4. Document nu	mber
5. The name of the re Florida Departmen		registered office address as shown	on the records of the
	LPS CORPOR	ATE SERVICES, INC.	_
	46 N. WASHING	Name STON BLVD, #1	
		Address	-
	SARASOTA, FL		- PEC 7
		City, State and Zip	超量工
6. The name and addr	ess of the new register	red agent and/or office:	ASS ASS
	JOHN F. COOK	C, P.A.	FILED JAN 12 PH 3: 06 CRETARY OF STATE LLAHASSEE, FLORIG
		Name	FS &
		REET. SUITE 220	24 6
	Florida street ad	Idress (P.O. Box NOT acceptable)	P P
	SARASOTA	FL 34237	
	C	ity, State and Zip	
confirmed that after the	ne change or changes?	ized under the laws of the State of are-made, the Florida street address on will be identical. Or, in the case at the change(s) was/were authorize pany of as otherwise provided in the lability company.	s of the registered office
(Signature of a member or a	uthorized representative of a	member)	
PETER RICHARD, MA	ANAGING MEMBER		
(Printed or typed name of sig	gnee)		
I hereby accept the a comply with the provi and I am familiar with Chapter 608, F.S. Or address I hereby con (Signature of Registered Age	ou	red agent and agree to act in this c lative to the proper and complete p ations of my position as registered eing filed to merely reflect a chang ability company has been notified t	apacity. I further agree to performance of my duties, agent as provided for in e in the registered office in writing of this change.
Carendare or Mediatered WR	out <i>j</i>		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00