Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name

: GREENSPOON MARDER, P.A.

Account Number : 119990000182

Phone

: (954)491-1,120

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: (954)267-8013

REGISTERED AGENT CHANGE

LOKI, LLC

Certificate of Status	0
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6/28/2007

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T-302 P002/002 F-415

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

Pursuant to the provi liability company subs agent, or both, in the S	niis ine following sigiei	16 or 608.508, Florida Statute. ment in order to change its regi	s, the undersigned limited stered office or registered
1. The name of the lin	nited liability company i	s: LOKI, LLC	
2. The mailing addres	s of the limited liability	company is : 2836 J Stirling Ro	ed
Hollywood, Florida 33	3020		
February 4, 2004		L04000009625	
Tedinary 4, 2004		4. Document nui	mber
	istered agent and the report of State:	gistered office address as shown	on the records of the
	<u> Alan B. Cohn</u>		-
Name 2021 Tyler Street			
	ZOZI Tyler Olico	Address	-
	Hollywood, Florid		_
	Cit	y, State and Zip	
6. The name and address	ess of the new registered	agent and/or office;	
	Alan B. Cohn		
	100 West Cypres	Name is Creek Road, Suite 700	
	Florida street addr	ess (P.O. Box NOT acceptable)	200 TA!
	Fort Lauderdale	FL 33309	2007 JUL SECRET TALLAHA
	City	, State and Zip	新
confirmed that after the and the business office liability company, it is of the members of the or the operating agreement.	e change or changes are of the registered agent hereby confirmed that the limited tiability companient of the limited liabi		of the registered office of a Florida limited of a
(Signature of a markber or as	thorized representative of a me	mber)	
Jeff Jones			
(Printed or typed name of sig	-	o annua annua manna an mas su shisa a	an a sia - Edinalian wan a d
	100	l agent and agree to act in this citive to the proper and complete to ons of my position as registered in filed to merely reflect a changulary company has been notified in the company has been notif	apacity. I juriner agree to verjormance of my duties, agent as provided for in a in the registered office in writing of this change.
(Signature of Registered Age		DA Dan (227 Tallahanna W	22234
Div	usion of Corporations,	P.O. Box 6327, Tallahassee, Fl	J 34314

FILING FEE: \$25.00

INHS18 (8/05)