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SECRETARY OF STATE ONVISION OF CORPORATIONS

B. TOWN APR 29 2008

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SABINA JAUESTINE (Name of Limited	Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
DON NA M. SANDI (Name of Person)	BERG .
CABINA JAUSTINENT CA (Firm/Company)	Roupilac
1200 So ROGERS CHOKE	,# //
BOOK RATON 71 3348 (City/State and Zip Code)	<u></u>
For further information concerning this matter, plea	ase call:
Name of Person PSISTANT TO	(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 following amo	ount:
\$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 unliability company submits the following statement in order to change its registered of agent, or both, in the State of Florida.	ndersigned limited office or registered
1. The name of the limited liability company is ABINA - WIEST WENT	- Roup ILO
2. The mailing address of the limited liability company is:	
1200 So ROGERS CIRCLE #11 BOCAKE	4254x Juny 7x 3348
02/13/my 204 000 /2=	3/
3. Date of filing/registration in Florida . 4. Document number	
5. The name of the registered agent and the registered office address as shown on the reflected Department of State:	ecords of the
COLDERECT HEENTS, INC.	
Name Name	
Address	2
HALLAHASSEE, 76 3230 1 City, State and Zip	SECRLT
6. The name and address of the new registered agent and/or office:	R 25
DONNA M. ANDBERG	0 1
1200 S. ROGERS CIPCLE, #11	OF STATI
Florida street address (P.O. Box NOT acceptable)	21
\mathcal{D}	()
City, State and Zip	_
If the limited liability company is not organized under the laws of the State of Florida,	it is herehy
confirmed that after the change or changes are made, the Florida street address of the and the business office of the registered agent will be identical. Or, in the case of a Florida street address of the radiability company, it is hereby confirmed that the change(s) was/were authorized by an of the members of the limited liability company or as otherwise provided in the article or the operating agreement of the limited liability company.	registered office orida limited n affirmative vote
(Signature of a member or authorized representative of a member)	
LEONARD ALBANESE	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and complete perform and I am familiar with and accept the obligations of my position as registered agent a Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the address, I hereby confirm that the limited liability company has been notified in writing the second of the second	I further agree to ance of my duties, is provided for in registered office ng of this change,
(Signature of Registered Agent)	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 3231	4

FILING FEE: \$25.00