## L04000022150

ELEMENT ART DESKIN LIC				
103 EXCLEWOOD ENARDEN CT.				
- 10'S ENGLE MOOD ATTIONED ET				
ENGLEWOOD FL 34225				
(Audiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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08/29/05--01036--009 \*\*25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

## 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.

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1. The name of the limited liab	oility company is: ELEN	MENT ART DESIGN	) LLC
2. The mailing address of the l	imited liability company is	: 103 ENGLEWOOD	GALDEN CT.
ENGLEWOD FL 3	4273		
3/23/04			0022150
3. Date of filing/registration in	Florida (	4. Document number	
5. The name of the registered a Florida Department of State:			records of the
	KEITH KIRKNESS Name		
	7611 SIESTA DILIVE Address		90 10101
	SARASOTA FI 347 City, State and		OS AUG 29
6. The name and address of the	new registered agent and/o	or office:	CONTROL CONTRO
Flo	Name 103 ENGLEWION Gerida street address (P.O. Bo	42DEN CT	PH 4: 05
	ENGLEWOOD FL City, State and 2		
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby the members of the limited liab the operating agreement of the Signature of a member or authorized rep	is not organized under the or changes are made, the Fegistered agent will be identionally company or as otherwillimited liability company.		i, it is hereby registered office lorida limited n affirmative vote of of organization or
(Printed or typed name of signee)  I hereby accept the appointment comply with the provisions of a and I am familiar with and acceptance of the control of t	nt as registered agent and a ll statutes relative to the pr ept the obligations of my po accument is being filed to me the limited liability compan	gree to act in this capacity oper and complete perforn stition as registered agent erely reflect a change in the what heep notified in writing the control of the control o	n. I further agree to nance of my duties, as provided for in e registered office ing of this change

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99) FILING FEE: \$25.00

gnature of Registered Agent)