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COVER LETTER

TO: Registration Section Division of Corporations	
•	of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
James LAyso. (Name of Person)	
885 Entertainme	ARY OF STATE SSEE, FLORID
Po 130x 823 (Address)	ORIDA
BUCA Ratur, FL. (City/State and Zip Code)	33429
For further information concerning this m Times (Name of Person)	natter, please call:
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 follow	wing 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.

ageni, or boin, in the State of Piorida.		
1. The name of the limited liability company is: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Pignus,	LLC.
2. The mailing address of the limited liability company is:	•	
P.O. BOX 823 BOCA Ratur.	FL.	33429
P.O. BOX 823 BOCA Ratur, 11/29/07 LO4000	00257	 159
3. Date of filing/registration in Florida 4. Document number	per	
5. The name of the registered agent and the registered office address as shown or Florida Department of State: JEFFREY KUKES 18410 MADDAL ENA PLACE DELRAY BEACH, FL 33446 561,496,2123 (fax) 561,496,6244 City, State and Zip 5. The name and address of the new registered agent and/or office: James Layson Name S721 Sem, role Way Florida street address (P.O. Box NOT acceptable) Furt Land-FL 33314 City, State and Zip	JEFFRI 16410 MADE 16410 MADE 1641	EY KUKES DALENA PLACE ACH, FL 33446 196.2123 1.496.6244
If the limited liability company is not organized under the laws of the State of Floronfirmed that after the change or changes are made, the Florida street address of and the business office of the registered agent will be identical. Or, in the case of iability company, it is hereby confirmed that the change(s) was/were authorized of the members of the limited liability company or as otherwise provided in the for the operating agreement of the limited liability company. Signature of a member or authorized representative of a member) Thereby accept the appointment as registered agent and agree to act in this capation of the provisions of all statutes relative to the proper and complete per and 1 am familiar with and accept the obligations of my position as registered agent and agree to act in this capation of the provision of the obligations of my position as registered agent and agree to act in this capation of the proper and complete per and 1 am familiar with and accept the obligations of my position as registered agent and each of the proper and complete per charge in the proper of the proper and complete per charge in the proper of the proper and complete per charge in the proper of the proper and complete per charge in the proper of the proper and complete per charge in the proper of the proper and complete per charge in the proper of the proper and complete per charge in the proper of the proper of the proper and complete per charge in the proper of the	f the registere f a Florida lin by an affirma articles of org	ed office nited ative vote ganization
Division of Corporations, P.O. Box 6327, Tallahassee, FL 3	32314	

FILING FEE: \$25.00