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	Pysoworks LLC POBOJ 628 Monticello H 32345					
	(City/State/Zip/Phone #)					
	PICK-UP WAIT MAIL					
_	(C. minon Fully Name)					
	(Business Entity Name)					
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SECRETARY OF STATE
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisi liability company submi agent, or both, in the Sta	ons of sections 608. Is the following state ite of Florida.	416 or 608.508, Florida Statutes ement in order to change its regis	, the undersigned limited stered office or registered			
1. The name of the limit	ted liability company	is: PYROWORKS, LLC	-			
	The mailing address of the limited liability company is : PO BOX 628, MONTICELLO, FL					
32345	-	· · · · · · · · · · · · · · · · · · ·				
04/07/2004	-					
3. Date of filing/registra	ation in Florida 4. Document number					
5. The name of the regist Florida Department of	tered agent and the ref State: TERESA C WAF	egistered office address as shown o	on the records of the			
		Name				
	245 EAST WAS	HINGTON STREET Address	7			
	MONTICELLO, FL 32344					
	C	ity, State and Zip	MAY 17 SECRETARY O			
6. The name and address	of the new registered	d agent and/or office:	I I			
	WALLACE O. BI	ULLOCK	T P R			
	4473 LAKE ROAD Name Florida street address (P.O. Box NOT acceptable)					
	MONTICELLO,	FL 32344				
	City	y, State and Zip				
confirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement	change or changes are	ed under the laws of the State of Fe made, the Florida street address of will be identical. Or, in the case of the change(s) was/were authorized or as otherwise provided in the art y company.	of the registered office			
WALLACE O. BULLO	CK					
(Printed or typed name of signed	•					
I hereby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm W. Lloc (Signature of Registered Agent)	pintment as registered as of all statutes related accept the obligate this document is being that the limited liable.	d agent and agree to act in this cap tive to the proper and complete pe ions of my position as registered a ng filed to merely reflect a change vility company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.			

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

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FILING FEE: \$25.00