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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.

3 , , , , , , , , , , , , , , , , , , ,	9
1. The name of the limited	l liability company is: 455 S. FEDERAL HIGHWAY, LLC
	the limited liability company is: 43 S.E. 7TH AVENUE
DEERFIELD BEACH, FL	33441
MAY 17, 2004	L04000036972
3. Date of filing/registration	
5. The name of the register Florida Department of S	ed agent and the registered office address as shown on the records of the
2 1211211 2 0pw 01 2	VITTORIO GALLUZZO
-	Name 1907 NE 2ND STREET
-	Address DEERFIELD BEACH, FL 33441
-	City, State and Zip
6. The name and address of	f the new registered agent and/or office:
_	ARILTON PAVAN
	Name SAZ O III
	43 S.E. 7TH AVENUE
	Florida street address (P.O. Box NOT acceptable)
_	DEERFIELD BEACH, FEL 33441
	City, State and Zip
confirmed that after the cha and the business office of the liability company, it is here of the members of the limi	pany is not organized under the laws of the State of Florida hereby ange or changes are made, the Florida street address of the instered office the registered agent will be identical. Or, in the case of a Florida limited by confirmed that the change(s) was/were authorized by an affirmative vote ted liability company or as otherwise provided in the articles of organization of the limited liability company.
(Signature of a member or authorize	ed representative of a member)
ARILTON PAVAN (Printed or typed name of signee)	
` ''	tment as registered agent and agree to act in this capacity. I further agree to of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent as provided for in is document is being filed to merely reflect a change in the registered office hat the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00