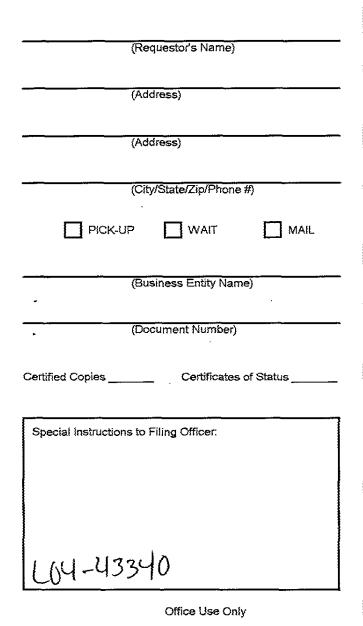
04000043340





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06/28/04--01027--008 **25.00

SECRETARY OF STATE ONE DIVISION OF CORPORATIONS OF CORPORATIONS

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: TAYLOR & ASSOCIATES, LLC (Name of corporation)		_ , .
Lic	•		
DOCUMENT NUMBER: L04000043340	<u> </u>	<u></u>	
The enclosed Statement of Change of Registered Office/Agent and fe	e are submitted for filing.		
Please return all correspondence concerning this matter to the following	ng:		
Jenny Jirousek	_		
(Name of person)		- ,	
Incorporate-US.com, Inc.		****	
(Name of firm/company	')		
1285 Baring Blvd. #205			
(Address)			
Sparks, NV 89434 (City/state and zip code		4000	
)		
For further information concerning this matter, please call:			
Jenny at (877) 446-2677 (b	oll free)	<u> </u>
(Name of person)	(Area code & daytime tel	•	9
Enclosed is a \$35.00 check made payable to the Department of State.		HUE 4	SECRETA ISION O
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 32399	04 JUN 28 PM 2: 35	RY OF SIAIL F CORPORATION

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.

1. The name of the limit	ted liability compa	ny is:	a Associates, LLC			
2. The mailing address of	of the limited liabi	lity company	is: 3235 Clearview W	/ay, Suite 200	:•	# - =
Buffalo, NY 14219						
		<u>, , _, _,</u>			<u> </u>	
June 3, 2004		<u> </u>	L04000043340			
3. Date of filing/registra	tion in Florida		4. Document n	umber		
5. The name of the regist	tered agent and the	registered o	ffice address as show	on the record	s of the	
Florida Department of			}			
	Brian Smith, Inco	<u> </u>		<u> </u>		
	Name 1350 E-4 East Tennessee Street					
		Addres			•	,
	Tallahasse,	FL	32308			•
		City, State a	nd Zip			
6. The name and address	of the new registe	ered agent an	d/or office:	_		
	Steve Valentine,	Incorporate-L	IS.com, Inc.			
	800 Ocala Road,	Name Suite 300 - D	ept. 207			, .
	Florida street a	ddress (P.O.	Box NOT acceptable)	F-	• •
	Tallahasse	FL.	32304-1670			
		City, State and	d Zip	- ' ' - '	·	
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limited the operating agreement.	change or changes of the registered age the registered age to the limited liability compared the limited liability.	are made, the ent will be id at the change ny or as other lity company	e Florida street addres entical. Or, in the cas e(s) was/were authoriz wise provided in the	s of the registe e of a Florida l ed by an affirn	red offices imited native vote nization of	
(Signature of a member or autho	rized representative of a	member)		-	2.3	AIR
Jenny Jirousek					Ċ1	SNC
(Printed or typed name of signee	•					÷,
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	sintment as registe ns of all statules ra ad accept the oblig this document is b a that the limited la	red agent an elative to the ations of my eing filed to iability comp	d agree to act in this of proper and complete position as registered merely reflect a changany has been notified	capacity. I furt performance of agent as proving age in the registe in writing of the	her agree f my dutie ided for in gred office iis change	to s, i

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

INHS18(10/99)

FILING FEE: \$25.00