## L04000048303

- 22269 SW GGTH AVE #1803 - BOCA RATION, FL 33428
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SECRETARY OF STATE

## 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 limite	d liability company is;	Expressio	ns of Spirit, LLC		
2. The mailing address of	f the limited liability co	ompany is: 8	3080 NW 96TH T	ERRACE #	<i>‡</i> 102
TAMARAC FL 33321					
June 28, 2004			L04000048303		
3. Date of filing/registrat	ion in Florida	•	4. Document num	ber	<del></del>
5. The name of the registe Florida Department of	ered agent and the regis State: CORPORATION S	•	-	n the records	s of the
	1201 HAYS STRE	Name ET	_	-	•.
	TALLAHASSEE FL	Address 32301 State and Zig	>		•
6. The name and address	of the new registered a	gent and/or o	ffice:		
	Greg Fontenot	e e e una se una se		entral and	
Service of the servic	22269 Southwest 6	Name 66th Avenue	#1803		
	Florida street addres	s (P.O. Box N	NOT acceptable)	1	The second secon
	Boca Raton,	FL 33428	<b>.</b>		. 4
	City, S	State and Zip	•	*	
If the limited liability comeonfirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of	nange or changes are method registered agent we reby confirmed that the diability company or of the limited liability company.	nade, the Flor ill be identical change(s) was otherwise company.	ida street address of the case	of the registe of a Floring I I by an affirm icles of the a ASS	ered office limited marve vote of migration or
(Signature of a member or author	zed representative of a memb	er)	12 14 1	. F.S	
Sharon Shuey		<del></del>		2 <u>2</u> 2	<u>ب</u>
(Printed or typed name of signee)  I hereby accept the appoint the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered a s of all statules relative d accept the obligation his document is being that the limited liabili			Dri Dacity. I furt rformance of gent as prov in the regist writing of th	ther agree to of my duties, ided for in cred office his change.
(Signature of Registered Agent)	Collins South in	<u>011.15</u> %,911.19	#1903	-	4. · · · · ·
Divisio	n of Corporations, P.	O. Box 6327	Tallahassee, FL	32314	

INHS18(10/99)

FILING FEE: \$25.00