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COVER LETTER

Division of Corporations
SUBJECT: INDESIGN LLC
(Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kevin R. Sweeney, Esq.
(Name of Person)
Sannanachain Nath & Dacanthal I I D
Sonnenschein Nath & Rosenthal LLP (Firm/Company)
4520 Main Street 11th Street (Address)
(Address)
Kansas City, MO 64111
(City/State and Zip Code)
For further information concerning this matter, please call:
, , , , , , , , , , , , , , , , , , ,
Kevin R. Sweeney at (816) 460-2456
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\sum \text{\$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.

1. The name of the limit	ed liability company is:	InDesign LLC			
2. The mailing address o	of the limited liability co	ompany is : 7260 SW 54	th Avenue,		
Miami, FL 33143					
7/19/05		L04000053	3307		
3. Date of filing/registrat	tion in Florida	4. Document number			
	ered agent and the regis	stered office address as sh		ds of the	•
*	Colon, Rosana				
	555 Ox Bottom Ro	Name oad	·		
		. o			
Tallahassee, FL 32308				05 0CT 7	
	City,	State and Zip		<u> </u>	
6. The name and address	of the new registered as	gent and/or office:	188E	7	
	Colon, Rosana		SEE FLORIDA	PH 23	
	Name 7260 SW 54th Avenue Florida street address (P.O. Box NOT acceptable)				
	riorida street address	s (F.O. Box NOT accepta	ole) –		
	<u>Miami</u>	FL 33143			
	City, S	State and Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the liab or the operating agreeme	npany is not organized hange or changes are me the registered agent we confirmed that the inited liability company not of the invested liability.	under the laws of the Stat nade, the Florida street ad- ill be identical. Or, in the c change(s) was/were auth or as otherwise provided y company.	e of Florida, it is dress of the regist case of a Florida orized by an affin in the articles of	hereby ered off limited rmative organiz	ice vote ation
(Signature of a mornber or autho	rised representative of a member	er)			
Kevin R. Sweeney					
(Printed or typed name of signee			1	. =	
Thereby accept the appearance of the comply with the provision and I am familiar with an Chapter 508 A.S. Or a address, Thereby confirm	ns of all stantes relativ	gent and agree to act in the to the proper and complete of my position as regist filed to merely reflect a clay company has been noting	l <i>ete performance</i>	rther ag of my di vided fe tered of this châ	ree to uties, ifice ifice nge.
(Signature of Registered Agent)	Admorized Represe	entative			
Division	on of Corporations, P.	O. Box 6327, Tallahasse	e, FL 32314		

FILING FEE: \$25.00