

L04000055326

(Requestor's Name)

(Address)

639 Banks Rd.

(Address)

Margate, FL 33063

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

FROM :

7/27/05 12:43 From:

FAX NO. : 9549799988

Jul. 08 2005 01:17PM P1

To: 9549799988

P.1/1

**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 limited liability company is:

LINGEAL

LINGEAL BY LORIELLE

2. The mailing address of the limited liability company is:

639 BANKS RD

MARGATE FL 33063

3. Date of filing/registration in Florida

7/27/04

4. Document number

LO4000055326

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State

BUSINESS FILING S INC.

Name

660 E. JEFFERSON ST.

Address

TALLAHASSEE, FL 32301

City, State and Zip

6. The name and address of the new registered agent and/or office:

WILLIAM MALCOM

**MALCOM AND BAKER, CPA'S  
& ASSOCIATES, INC.  
1280 SW 36TH AVENUE, SUITE 200  
POMPANO BEACH, FL 33069-4838**

(e)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

MARSHALL STEPHENSON WISE

(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

INITIAL(10/90)

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

FILING FEE: \$25.00

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