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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)							
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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## **COVER LETTER**

Division of Corporations						
SUBJECT: DONE RIGHT SERVICES E						
(Name of Limit	ted Liability Company)					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	matter to the following:					
DEVIN NEWMAN	·					
(Name of Person)	TA: 0					
ALL FLORIDA FIRM, INC.	7 HAY -					
(Firm/Company)	SSE 8					
465 S. VOLUSIA AVE. SUITE C	AH II: 55 E. FLORID					
, (33,333,	11.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.					
ORANGE CITY, FL 32763						
(City/State and Zip Code)						
For further information concerning this matter, p	please call:					
ANDRIA RUSE at	(321 ) 268-1824					
(Name of Person)	(Area Code & Daytime Telephone Number)					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section Division of Corporations	Registration Section Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following an	mount:					
\$25 Filing Fee	\$55 Filing Fee & Certified Copy					

INHS18 (8/05)

## 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.

2. The mailing address of the limited liability company is: 1240 OVERLOOK TERRACE  TITUSVILLE FL 32780  08/12/2004  3. Date of filing/registration in Florida  4. Document number  5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  ANDRIA RUSE  Name  1240 OVERLOOK TERRACE  Address  TITUSVILLE FL 32780  City, State and Zip  6. The name and address of the new registered agent and/or office:  ALL FLORIDA FIRM, INC.  Name  465 S. VOLUSIA AVE. SUITE C  Florida street address (P.O. Box NOT acceptable)  ORANGE CITY  FL 32763  City, State and Zip  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 of the limited liability company or as otherwise provided in the articles of organizatio of the members of the limited liability company or as otherwise provided in the articles of organizatio of the organization and the business office of the registered agent and agree to gct in this capacity. I further agree comply with the appointment as registered agent and agree to gct in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my duties.	1. The name of the limited	liability company is:	DONE RIGHT SERV	ICES BY STEV	Æ LLC		
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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)	LILLIAMA	ntment as registered ag of all statutes relative accept the obligations is document is being fi that the limited liability	ent and agree to act to the proper and co of my position as re led to merely reflect company has been t	in this capacil Implete perfor gistered agent a change in th notified in writ	ty. I furmance of as proving the regist ting of the	ther a of my vided ered his ch	igree to duties, for in office ange.

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