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SECRETARY OF STATE

.

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Carma Publishing 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 concernin	g this matter to the following:		
	18 3 190		
Jeffrey Hillier	LEG OCT		
(Name of Person)	FILED 06 OCT 16 PH 12: 37 SECRETIFY OF STATE SECRETIFY OF STATE FLORID FALLAHASSEE. FLORID FALLAHASSEE.		
Carma Publishing L:LC	PAR PROPERTY OF THE PROPERTY O		
(Firm/Company)			
1031 W Heritage Club Circle			
(Address)			
Dolmy Booch El 22402			
Delray Beach, FL 33483 (City/State and Zip Code)			
(englocate and zip code)	,		
For further information concerning this ma	tter, please call:		
Jffrey Hillier	at (561) 279-0479		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the follow	ing amount:		
X \$25 Filing Fee	\$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	: Carma Publishir	ng LLC		
2. The mailing address of	of the limited liability o	company is : 103	1 W Heritage Clu	ıb Circle	
					'
Delray Beach, FL 33483					·
10-18-2004		LC	04000074917		
3. Date of filing/registra	tion in Florida	4.	Document num	iber	0
5. The name of the regist Florida Department of	ered agent and the regi	istered office add	dress as shown o	on the records of the	
·	Jeffrey Hillier			5.2	5
		Name		SE(2)	
•	9715 Savannah Esta	ates Drive		1''(유 프
		Address		10	PHIZ: 3
	Lake Worth, FL 3346			끝	爲ら
	City	, State and Zip		7	>* `
6. The name and address	of the new registered a	agent and/or offi	ce:		
	Jeffrey Hillier	,			
		Name			
	1031 W Heritage Clu	ıb Circle	·		
	Florida street addres	ss (P.O. Box N O	T acceptable)		
	Delray Beach, FL 334	83 FL			
	City,	State and Zip			
If the limited liability core confirmed that after the cand the business office of liability company, it is he of the members of the lift or the operating agreement.	hange or changes are refither registered agent wereby confirmed that the mited liability company	nade, the Florida vill be identical. se change(s) was y or as otherwise	a street address of Or, in the case of were authorized	of the registered of of a Florida limited d by an affirmative	ffice d vote
(Signature of a member or author	rized representative of a memb	ber)			
Jeffrey Hillier					
(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	nintment as registered on sof all statutes relative accept the obligation this document is being that the limited liabil.	agent and agree ve to the proper ns of my position i filed to merely i ity company has	to act in this ca and complete pe as registered a reflect a change been notified in	pacity. I further a rformance of my b gent as provided f in the registered o writing of this ch	gree to luties, or in office ange.
					

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

INHS18 (8/05)

FIE