L04000089 629

(Requestor's Name)
- DOCS 3/2 BASE 131 SEMIZOUR BIJD 163 ROYAL PARM PLAZA - BOCA RATON FL 33+32
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700054908867

05/26/05--01015--002 **25.00



JUN - 3 2005

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: TRIPLE D "LLC"
ungel 7	2. The mailing address of the limited liability company is: 131 SE M LORR BUS 455
	Ropal Parm Pipra HILB BOCA RAPON FL 33432.
	12/13/2004 L0400089629 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 freedrds of the Florida Department of State: Pender, Dave K Name 5231 N. U. 35th Terrace Address Corrac Springs f2
	Pender, Dave K Name
	Address Cottan Springs fr City, State and Zip
	Cot Ac Springs fr. City, State and Zip
	6. The name and address of the new registered agent and/or office:
	Mealon herry
	Nealon herry ST Name 3205 PE 7th St
	Florida street address (P.O. Box NOT acceptable)
	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(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)
	(Signature of a member or authorized representative of a member)
	(Printed or typed name of signee)
	· · · · · · · · · · · · · · · · · · ·
	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)
	(m.D. m.

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

FILING FEE: \$25.00