| (Re | questor's Name) | |
|-------------------------|----------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Name) | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates of | Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| | | 11-11/2 |
| | <u>,</u> | |

Office Use Only ,



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: Boyett Enterprises, LL (Name of | C Limited Liability Company) | |
| Dear Sir or Madam: | 06 | |
| The enclosed Registered Agent/Registered | Office Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning | Office Change and fee(s) are submitted for filing. | |
| Howard A. Caplan (Name of Person) | | |
| Howard A. Caplan, Attorney, P. (Firm/Company) | <u>A.</u> | |
| 6260-C Dupont Station Court | | |
| (Address) | | |
| Jacksonville, FL 32217 | | |
| (City/State and Zip Code) | | |
| For further information concerning this ma | tter, please call: | |
| Howard A. Caplan | at (904) 256-3333 | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check for the following | ing amount: | |
| \$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 limited liability company | is: Boyett Enterprises, LLC | |
|---|--|--|
| 2. The mailing address of the limited liability | y company is : 10142 103rd Street, #105, | |
| Jacksonville, FL 32221 | | |
| 12/20/04 | L0400091958 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 0 0 | egistered office address as shown on the records of the | |
| The Law Offic | es of Jim Farah, P.A. | |
| 2022.14 | Name | |
| 3060 Mercury F | Road, 101 | |
| Jacksonville, Fl | Address S | |
| | ity, State and Zip | |
| Address Jacksonville, FL 32207 City, State and Zip 6. The name and address of the new registered agent and/or office: Howard A. Caplan, Attorney, P.A. Name 6260-C Dupont Station Court | | |
| Howard A. Cap | olan, Attorney, P.A. | |
| | Name OF - | |
| 6260-C Dupont | Station Court | |
| Florida street add | ress (P.O. Box NOT acceptable) | |
| Jacksonville, | FL 32217 | |
| City, State and Zip | | |
| confirmed that after the change or changes ar and the business office of the registered agen- liability company, it is hereby confirmed that | ted under the laws of the State of Florida, it is hereby to made, the Florida street address of the registered office to will be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative vote any or as otherwise provided in the articles of organization illity company. | |
| Harold N. Boyett | | |
| (Printed or typed name of signee) | | |
| | d agent and agree to act in this capacity. I further agree to tive to the proper and complete performance of my duties, ions of my position as registered agent as provided for in ne filed to merely reflect a change in the registered office bility company has been notified in writing of this change. | |
| (Signature of Registered Agent) | dent | |

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