L04000092507

(Requestor) Name)	
Design Pointners UC	•
39125. Ocean Blud PH	12
Highland Beach Fl 3348. (City/State/Zip/Phone #)	} -
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE ON SECRETARY OF CORPORATIONS
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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.

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1. The name of the limited liability company is: BLOBAL	- NEIGHBORS DESNON PARTNERS, LLC.
2. The mailing address of the limited liability company is:	3912 S. OCEAN BUD. # PH 12
	HIGHLAND BEACH, FL 33487.
12/21/2004 3. Date of filing/registration in Florida	6040000 92507
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office Florida Department of State:	
MAURA S. TAFT	
Name	•
4215 S. OCEAN	A RATON, FL 33/87 DVSEGRETA Sip office:
Address	
- HEHLAND BOO	A RATON, FL 33/879
City, State and 2	SEC SEC
6. The name and address of the new registered agent and/or	office: 그 문학
44.	NOT acceptable) FILED FILED FILED STATE STATE
MAURA S. /AF	7 PROD
39/2 S 005/4/	RUD PHIE SE
Florida street address (P.O. Box	NOT accentable
riorida succi addices (r.O. Dox	NOT acceptable)
HIGHLAND BCH FL 3	3487
City, State and Zip	0
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. (Signature of a member of authorized representative of a member)	orida street address of the registered office
M	
MACIRA 5. TAFT (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provision of all statutes relative to the provision of and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to meradaress, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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

FILING FEE: \$25.00

INHS18(10/99)