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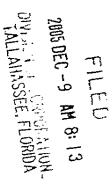
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JEDI CLEANIN (Name of L	imited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
ATTILA KOKAVECZ (Name of Person)	
SEDI CLEANING LL (Firm/Company)	2005 DEC -9 AM 8: 13 2005 DEC -9 AM 8: 13 2005 DEC -9 AM 8: 13
6921 MANNA LOA (Address)	BLVP SSEED B
SALASOTA FL 3421 (City/State and Zip Code)	4/ ORBANA
For further information concerning this matter	er, please call:
ATTILA KOKAVECZ (Name of Person)	at (941) 5863940 (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	ng amount:
\$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.

agem, or com, in the state of a tortum	
1. The name of the limited liability company is: JEDI CLEANIA	VG LLC.
2. The mailing address of the limited liability company is: 6921 MA	NNA LOA BLUD
SAKASOTA, FL 34241	
12/28/2004 1040000	93529
3. Date of filing/registration in Florida 4. Document m	
5. The name of the registered agent and the registered office address as shown Florida Department of State:	on the records of the
ANDIAS SEIFOZO Name	· .
4715 NW 30TH ST	
A715 NW 30TH ST Address GAINESVILLE, FL 32605 City, State and Zip	
6. The name and address of the new registered agent and/or office:	7005 DEC -9 AM 8: 13 ZOUS DEC -9 AM 8: 13 ZOUS DEC -9 AM 8: 13
ATTILA KOKAVECZ Name	FILED LAHASSEE
6921 MANNA LOA BLVP	照 至 日
Florida street address (P.O. Box NOT acceptable	8: 1
SARASOTA FL 34241	MOA 3
City, State and Zip	
If the limited liability company is not organized under the laws of the State of confirmed that after the change or changes are made, the Florida street address and the business office of the registered agent will be identical. Or, in the calliability company, it is hereby confirmed that the change(s) was/were authority of the members of the limited liability company or as otherwise provided in or the operating agreement of the limited liability company.	ss of the registered office se of a Florida limited zed by an affirmative vote
(Signature of a member or authorized representative of a member)	
ATTILA KOKAVECZ (Printed or typed name of signee)	e filosoficio de la companya del companya del companya de la compa
I hereby accept the appointment as registered agent and agree to act in this comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligations of my position as registere. Chapter 608, F.S. Or, if this document is being filed to merely reflect a chan address, I hereby confirm that the limited liability company has been notified AAA (Signature of Registered Agent)	capacity. I further agree to performance of my duties, a agent as provided for in ge in the registered office in writing of this change.

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