## 

| SMYTH & HAUCK, P.A.  |  |  |  |  |  |
|--|--|--|--|--|--|
| CERTIFIED PUBLIC ACCOUNTANTS                                       |  |  |  |  |  |
| 712 U.S. Highway One, Suite 210<br>North Palm Beach, Florida 33408 |  |  |  |  |  |
| (561) 848-9300 FAX (561) 848-9332                                  |  |  |  |  |  |
|  |  |  |  |  |  |
| (City/State/Zip/Phone #)   |  |  |  |  |  |
| PICK-UP WAIT MAIL  |  |  |  |  |  |
| (Business Entity Name)   |  |  |  |  |  |
|  |  |  |  |  |  |
| (Document Number)  |  |  |  |  |  |
| Certified Copies Certificates of Status                            |  |  |  |  |  |
| Special Instructions to Filing Officer:                            |  |  |  |  |  |
| 3/21 P/A Change  |  |  |  |  |  |
|  |  |  |  |  |  |
| LOY-93821  |  |  |  |  |  |
| Office Use Only  |  |  |  |  |  |





03/21/05--01030---020 \*\*25.00

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| liability company submits agent, or both, in the State  | the following statem<br>e of Florida.   | 6 or 608.508, Florida Statutes<br>ent in order to change its regi.   | ;, the undersigned<br>stered office or re   | 1 limited<br>egistered                            |
|---|---|--|---|---|
| 1. The name of the limite   | d liability company is:   | Metalog, LLC   |   | <del></del>                                       |
| 2. The mailing address of   | the limited liability co  | ompany is: 3974 N Ocean D  | rive, #4  |   |
| Singer Island, FL 3340  |   |  |   |   |
| 12/28/04  |   | L04000093821   |   |   |
| 3. Date of filing/registration in Florida   |   | 4. Document nun  | nber  |   |
| 5. The name of the registe Florida Department of S  | State:  | stered office address as shown o   | on the records of the   | he  |
|   | Tom Logar   | Name   |   |   |
| 3974 N. Ocean Drive, #4   |   |  |   |   |
|   | Singer Island, FL 3   |  |   |   |
|   | -   | , State and Zip  |   |   |
| 6. The name and address of  | of the new registered a   | gent and/or office:  |   |   |
|   | Paul F. Smyth, CP.  | Α  |   | <b>-</b> ~  |
|   | 712 US Highway C  | Name<br>One, Ste 210   |   | 05 HFP 21   |
|   | Florida street addres   | ss (P.O. Box NOT acceptable)   |   | 79<br>. <b>&gt;</b>                               |
|   | North Palm Beach  | <sub>FL</sub> 33408  |   | <br>  |
|   | City, S   | State and Zip  |   | 42<br>43  |
| confirmed that after the chand the business office of liability company, it is her the members of the limite the operating agreement of the limite the | nange or changes are not the registered agent we reby confirmed that the diability company or of the limited liability of the | under the laws of the State of F<br>nade, the Florida street address<br>ill be identical. Or, in the case<br>e change(s) was/were authorized<br>as otherwise provided in the ar-<br>company. | of the registered of<br>of a Florida limite<br>d by an affirmative                          | y 15<br>office<br>ed<br>e vote of                 |
| (Signature of a member or authori   | rad conrecentative of a memb  |  |   |   |
| •   | ized representative of a memo   | ici)   |   |   |
| Tom Logar (Printed or typed name of signee)   |   | <del></del>  |   |   |
| · · · · · · · · · · · · · · · · · · ·   |   | gent and agree to act in this ca<br>e to the proper and complete p<br>ns of my position as registered of<br>filed to merely reflect a change<br>ty company has been notified in              | pacity. I further deformance of my agent as provided in the registered a writing of this ch | igree to<br>duties,<br>for in<br>office<br>hange. |

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

INHS18(10/99)

FILING FEE: \$25.00