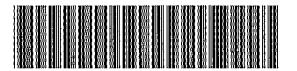
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## COVER LETTER

TO: Registration Section	FILED		
Division of Corporations	2005 DEC 30 P 2: 56		
SUBJECT: LAB CAPITAL LLC	SECRETARY OF		
(Name of Limited Liability Company)	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
LANCE BUTNICK			
(Name of Person)			
LAB CAPITAL LLC			
(Firm/Company)	. · · · · · · · · · · · · · · · · · · ·		
10 VENETIANI WAX 44000 10 0			
10 VENETIAN WAY, #1208 190			
MIAMI BEACH, FL 33139 (City/State and Zip Code)			
For further information concerning this matter, please call:			
1 ANOT DUTNIOU			
LANCE BUTNICK at (305) 538-5110 (Name of Person) (Area Code & Day	time Telephone Number)		
( ,	,		
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section  Division of Corporations  Registration Section  Division of Corporation	\$		
Clifton Building P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 323 Tallahassee, Florida 32301	14		
Enclosed is a check for the following amount:			

\$55 Filing Fee & Certified Copy

INHS18 (8/05)

**✓** \$25 Filing Fee

## 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: LAB CAPITAL LLC

1995 DEC 30 P 2: 5h

2. The mailing address of the limited liability company is: 10 VENETIAN WAY, #1206 1901

MIAMI BEACH, FL 33139

SEURE IARY OF STATE TALLAHASSEE, FLORIDA

1/05/05

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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 records of the Florida Department of State:

CORPORATE CREATIONS NETWORK, INC.

Name

11380 PROSPERITY FARMS ROAD, #221E

Address

PALM BEACH GARDENS, FL 33410

City, State and Zip

6. The name and address of the new registered agent and/or office:

LANCE BUTNICK

Name

10 VENETIAN WAY, #12061901

Florida street address (P.O. Box NOT acceptable)

MIAMI BEACH, FL 33139

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.

ignature of a member or authorized representative of a member)

## LANCE BUTNICK

(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 withine 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 Chaptey 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 timited liability company has been notified in writing of this change.

(gnature of Registered Agent)

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