L05000004715

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(Address)					
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SECRETARIA STATE
SECRETARIA STATE
ALLAHASSES FLORIDA



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 limite	ed liability company is: _	Pin Pron	notions LLC		<u>_</u> .
2. The mailing address of	f the limited liability comp	oany is :	5840 Red Bug Lal	ce Circle Suite 35	
Winter Springs, Florida					_
					_ ^
1/14/05			L05000004715		_
3. Date of filing/registration	ion in Florida		4. Document numb	er	
5. The name of the register Florida Department of	cred agent and the register State: RICHARD B CROUSE		address as shown on	the records of the	
	978 DOUGLAS AVE,	ame SUITE 1	102		
	ALTAMONTE SPRING	•			
6. The name and address of	•	ite and Zi t and/or o	•		
	Jeff York				
	5840 Red Bug Lake C				
	Florida street address (P	O. Box	NOT acceptable)		
	Winter Springs F	L 3270	8		
	City, State	and Zip	-		
If the limited liability com confirmed that after the chand the business office of liability company, it is here the members of the limited the operating agreement of the limited the operating agreement of the limited that the limi	ange or changes are made the registered agent will be eby confirmed that the cha I liability company or as of the limited liability comp	the Flore identications, the identication with the identication in the identication is the identication in the identication in the identication is the identication in the identication is the identication in the identication in the identication is the identication in	ida street address of al. Or, in the case of as/were authorized b	the registered office a Florida-limited by an affirmative bute o	e de la companya de l
Jeff York					1 E
(Printed or typed name of signee)		,		\$5 \?	في
I hereby accept the appoint the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered agent of all statutes relative to accept the obligations of his document is being filed that the limited liability co	t and agn the prope my posit to merei ompany h	ee to act in this capa er and complete perfi ion as registered age ly reflect a change in as been notified in w	city. I further aftee to ormance of my dulies, int as provided for in the registered office riting of this change.	
(Signature of Pugisteroa Agent)	Z	•			
Division	of Corporations, P.O. F	30x 6327	, Tallahassee, FL 3	2314	

FILING FEE: \$25.00

INHS18(10/99)