LD5000011446

	 						
(Re	questor's Name)						
ERIK C. LARSEN, P.A. 243 W. Park Ave., Suite 201							
243 W. P	r Park, Fl. 327	789					
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(City/State/Zip/Phone #)							
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OF THE DECEMBER OF TH

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 liabil	ity company is: _	OLAN	INTERNAT	CIONAL,	LLC			
2. The mailing address of the lin	ited liability comp	oany is :						
9770 Military Trail	, Unit B-4,	Boynton	Beach,	FL 334	36			
02/03/05	,		L0500001	11446				
3. Date of filing/registration in F	lorida		Document					
5. The name of the registered age Florida Department of State:	nt and the register	ed office add	iress as shov	vn on the	records o	f the		
<u></u>	Erik C. La							
	243 W. Par	lame k Avenue	, Suite	201	T.S	0		
	Ad	ldress		<u>-</u>	F.C.	05 J		
	Winter Par City, St	k, FL 32	789		<u>A</u> .	Ş	711	
					ÁSS	-8	FILED	
6. The name and address of the ne	ew registered ager	it and/or offi	ce:			₽		
	Alan Dicks	on			FLO	رب		
	9770 Mil Na	me ary Trai	l, Unit	B-4	LAHÁSSEE, FLORIDA	JUN -8 PH 3: 49		
Florid	la street address (I	P.O. Box NO	T acceptabl	e)	-			
E	oynton Beach, City, Stat							
If the limited liability company is confirmed that after the change or and the business office of the regiliability company, it is hereby conthe members of the limited liabilithe operating agreement of the limited liabilithe operating agreement of the limited liability (Signature of a member or authorited representation).	changes are made stered agent will be firmed that the che ty company or as conted liability com	e, the Florida be identical. ange(s) was/ otherwise pro	street addre Or. in the ca	ess of the raise of a Flo	egistered orida limi	l office ited		
Alan Dickson, Mana (Printed or typed name of signee)	ging Member							
I hereby accept the appointment comply with the provisions of all sand I am familiar with and accept Chapter 608, F.S. Or, if this doct address, I hereby configuration the	as registered agen statules relative to the obligations o ment is being file limited liability c	t and agree to the proper of my position of to merely r ompany has	to act in this and complete as registere eflect a chai been notifie	capacity. e performe ed agent a: nge in the d in writin	I further ince of m s provide registered g of this d	agree y duti d for i d offic chang	e to es, in :e :e.	
	Dickson							
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314								

FILING FEE: \$25.00