(Reques	tor's Name)			
(Address	s)			
(Address	5)			
(City/Sta	te/Zip/Phone	#)		
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## COVER LETTER .

TO: Registration Section Division of Corporations		
SUBJECT: WIRED, LLC		
(Name of Limit	ited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Judith Cuppy		
(Name of Person)		
WIRED, LLC		
(Firm/Company)	· · ·	
	,	
3902 Somerset Dr.		
(Address)	<u> </u>	
Sarasota, FL 34242		
(City/State and Zip Code)		
For further information concerning this matter,	please call:	
	t( <u>941</u> ) <u>346-9500</u>	
(Name of Person)	(Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following a	amount:	
CS Filing Fee	S55 Filing Fee & Certified Conv	

## 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.

ageni, or bonn, in the blace	0) 1 10. 144.		
1. The name of the limited	d liability company is	WIRED, LLC	
2. The mailing address of	the limited liability c	ompany is :	
3902 Somerset I	Dr., Sarasota,	FL 34242	
3/17/2005		L0500002	
3. Date of filing/registrati	on in Florida	4. Document r	umber
5. The name of the register Florida Department of S		stered office address as show	n on the records of the
•		Santiago, Esq.	
		Name	
	1819 Main	St., Ste. 610	SEC 751 07:
		Address	SECRET VISION OF SEP
	Sarasota,	FL 34236 State and Zip	7AK 0F 20
	_	-	
6. The name and address of	of the new registered a	gent and/or office:	P
	Judith (	Сирру	_ 
		Name	~ .
	3902 Sor	merset Dr.	<u>-</u>
	Florida street addres	s (P.O. Box <b>NOT</b> acceptable	:)
	Sarasota	, FL 34242	
•		State and Zip	<del></del>
confirmed that after the ch	ange or changes are rethe registered agent we by confirmed that the ited liability company tof the limited liability.	under the laws of the State of the the Florida street addreill be identical. Or, in the case change(s) was/were author or as otherwise provided in y company.	ss of the registered office
Judith Cuppy (Printed or typed name of signee)			
I hereby accept the appoil comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered a s of all statutes relatived diaccept the obligation his document is being that the limited liabil	gent and agree to act in this e to the proper and complete is of my position as registere filed to merely reflect a char ty company has been notified	capacity. I further agree to performance of my duties, d agent as provided for in ige in the registered office I in writing of this change.
(Signature of Registered Agent)	expres	<del></del>	

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