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FILED 2005 DEC 23 P 2: 20

COVER LETTER

ΓO: Registration Section Division of Corporations
SUBJECT: Living Color Realty, LLC (Name of Limited Liability Company)
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:
Craiq M. Yal Vo (Name of Person)
Living Color Realty, LLC. (Firm/Company)
900 East Atrantic Ave-Suite#5 (Address)
Delray Beach, FC 33483 (City/State and Zip Code)
For further information concerning this matter, please call:
Craig Valvo at (561) 272 64370 17
(Name of Person) (Area Code & Daytime Felephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount:
■ \$25 Filing Fee & Certified Copy

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: Living Color Realty, CC.
2. The mailing address of the limited liability company is: 900 East Arauric
Avenue - Svite # 5 Delray Beach, Fc 33483
ulantam and a second a second and a second a
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:
Wallis & Wallis, P.A.
Pompano Beach, Fc. 33062 City, State and Zip
Pour pana Reach Fr. 33062
City, State and Zip
6. The name and address of the new registered agent and/or office:
Craig M. Valvo
Craig M. Valvo Name 900 East ATCANTIC Ave-Suite#5
Florida street address (P.O. Roy NOT acceptable)
City, State and Zip
City, State and Zip
If the limited liability company is not organized under the laws of the State of Floridatit 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 limited in the case of a Florida limited in the case of a Florida limited limit
liability company, it is hereby confirmed that the change(s) was/were authorized by amaffithative vete
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.
(Signature of a member or authorized representative of a member)
(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
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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 Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Therapy confirm that the limited liability company has been notified in writing of this change.
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)