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COVER LETTER

. COVERED TEAM
TO: Registration Section Division of Corporations
SUBJECT:
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. Valvo (Name of Person) Living Color Acquisitions (Firm/Company)
(Firm/Company) 900 E. ATLANTIC Avenue Svite #5 (Address)
Delray Beach, FL. 33483 (City/State and Zip Code) PEG B T
For further information concerning this matter, please call: ASET 23 For further information concerning this matter, please call:
(Name of Person) at (SGI) 272 4433 FO Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building P.O. Boy 6327

Enclosed is a check for the following amount:

\$25 Filing Fee

2661 Executive Center Circle

Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

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 Acquisitions, LLC.
2. The mailing address of the limited liability company is: 900 East Atlantic Ave.
Suite #5 Delray Beach, FC 33483
4 15 05 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. Name 1600 S. Federal Hwy. Suite#600 Address Pompano Beach Florida State and Zip 6. The name and address of the new registered agent and/or office: Craiq M. Yalvo Name 900 E. ATLANTIC AVE. Suite#5 Florida street address (P.O. Box NOT acceptable) Pompano Reached Delray Beached 33483 P.C. City, State and Zip 23
City, State and Zip City, State and Zip 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. (Signature of a member or authorized representative of a member) 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. Thereby confirm that the limited liability company has been notified in writing of this change. (Signature of Registered Agent)

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