10500037230

(Re	equestor's Name)				
(Ac	ddress)				
(Ac	ddress)				
(Ci	ty/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
, (Bu	usiness Entity Name)				
- (Do	ocument Number)				
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
	$\mathcal{O}_{\mathcal{B}}$				

Office Use Only



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COVER LETTER

Division of Corporations				
SUBJECT: Living Color Designs, LLC				
(Name or	f Limited Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered (d Office Change and fee(s) are submitted for filing.			
	orner change and recover are submitted for ming.			
Please return all correspondence concerning	ng this matter to the following:			
Todd Ashford				
(Name of Person)				
, ,	SE SE	3		
Dana Parham Holdings, Inc.	CRETAX)	= ==		
(Firm/Company)	HAS	ີ່ ວ		
	1.1	₩		
6751 N Federal Highway, Suite 101	E. FLORIE			
(Address)	 557 3:	· (
	37 37 S			
Boca Raton, FL 33487				
(City/State and Zip Code)				
For further information concerning this matt	itter, please call:			
Todd Ashford	at (561) 869-5702			
(Name of Person)	(Area Code & Daytime Telephone N	Number)		
	•			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section 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	ing amount:			
\$25 Filing Fee	\$55 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 limit	ed liability company	is: Living Color De	signs, LLC		
2. The mailing address of	of the limited liability	company is: 900	0 E Atlantic Avenue	s, Suite 5	_
Delray Beach, FI 33483					
04/15/2005		L	.05000037230		
3. Date of filing/registration in Florida 4. Document n		. Document numb	ber		
5. The name of the regist Florida Department of	ered agent and the reg	gistered office ad	ldress as shown or	n the records	of the
	Craig M Valvo				
		Name			
900 E Atlantic Avenue, Suite 5				TA _S	
	 	Address		Eë	F J L 07 AUG 24
	Delray Beach, Fl 3	33483		紐器	ê Ti
		ty, State and Zip		ASE!	(2) (2)
6. The name and address	of the new registered	l agent and/or off	īce:	Mg :	
	Dana Parham Hold	dings, Inc.		STAT	
	6751 N Federal Hig	Name		ATE RIDA	
	Florida street addre	ess (P.O. Box NO	OT acceptable)		
	Boca Raton,	FL 33487			
	City	, State and Zip			
If the limited liability cor confirmed that after the cand the business office of liability company, it is he of the members of the lift or the operating agreeme	change or changes are f the registered agent creby confirmed that to mited liability compan	e made, the Florid will be identical. the change(s) was ny or as otherwis	la street address of . Or, in the case o s/were authorized	f the register of a Florida ling by an affirm	ed office mited ative vote

(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 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, I hereby 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