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SECRETARY OF STATE

39/14 NL



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.

agent, or both, in the state of Fiorial.
1. The name of the limited liability company is:
2. The mailing address of the limited liability company is :
5333 SW 75th St Apt 205 Gaines wille FL 32608
April 19, 2005 L05000039116
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:
Adrian M Peter Name
1964 Crane Creek Blud Address
Mel bourne FL 32940 City, State and Zip
und
6. The name and address of the new registered agent and/or office: Anthony O Smith Name Name
Anthony O Smith Name Name Name
5333 SW 75 St Apt 205
Florida street address (P.O. Box NOT acceptable)
TO HIS
Daiges with FL Sakos Dill w
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 pember or authorized representative of a member)
A speciment of a general of authorized representative of a member;
(Printed or typeti 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

INHS18(10/99)

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