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SECRETARY OF STATE OF CORPORATIONS
OF LUL -5 PH 4: 33

J. BRYAN JUL - 7 2806

COVER LEIJER	
TO: Registration Section Division of Corporations	
SUBJECT:(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:	
Alyse P. Cohen (Name of Person)	, ti
(Name of Person)	, ; =
(City/State and Zip Code) (Firm/Company) (Firm/Company) (Address) (City/State and Zip Code) (Firm/Company) (City/State and Zip Code)	-5 PH 4: 33
Aluse Jim Ohen at 407 9090810 (Name of Person) (Area Code & Daytime Telephone Number	r)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	
\$25 Filing Fee Styres \$55 Filing Fee & Certified Copy	
INHS18 (8/05) FL015 - 89/09/2005 CT System Online (1/27 (act act 3))	

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:
2. The mailing address of the limited liability company is:
6306 libet-Butler Dr
May 2, 2005 Windermere H. 34786
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:
C T Corporation System
Name 1200 South Pine Island Road
Address
Plantation, FL 33324 City, State and Zip
City, State and Zip
6. The name and address of the new registered agent and/or office:
Aluse Pi Cohen & s
6. The name and address of the new registered agent and/or office: Aluse P. Coher Name Det Butler Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
117:20 January 2117QC
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)
(Printed or typed name of signec)
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 508, F.S. Or it is document is being filed to merely reflect a change in the registered office address. I hereby confirminating limited liability company has been notified in writing of this change. By: (Signature of Registered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FER C25 00

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