P.01/02

Division of Corporations Public Access System

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5 NOV 10 AM 8: 00

REGISTERED AGENT CHANGE

SOUND SECURITIES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

Windstropic with a Market

COUNTY FILLING

Public Account value

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions a liability company submits the agent, or both, in the State of	f sections 608.416 following stateme Florida,	5 or 608.508 ent in order	s, Florida Sta to change its	tules, the undersigned limited registered office or registered
1. The name of the limited liz	bility company is:	Sound Se	curities, LLC) /
2. The mailing address of the				
800 Corporate Drive, Suite	100, Fort Laude	erdale, Flori	da 33334	
5/04/2005	L05000044052			
3. Date of filing/registration i	n Florida		4. Document	number
5. The name of the registered Florida Department of State			eddress as sho	
·	03 Governors Sq	Name	Sulte 101	TALLAHASSEE, FLORIDA
Address Tallahassee, FL 32301				THE PLANT
		State and Zi	P	7 0 5
6. The name and address of th	e new registered ag	gent and/or o	ffice:	発達し
Ro	bert Calcagno			TO THE
80	0 Corporate Drive	Name e, Suite 100)	RION
FI	orida street address	s (P.O. Box 1	NOT acceptab	le)
Fo	rt Lauderdale,	FL 33334	4	
	City, S	tate and Zip		
If the limited liability company confirmed that after the change and the business office of the liability company, it is hereby the members of the limited liability agreement of the limited liability agreement of the liability agreement	e or changes are made or changes are made on the confirmed that the bility company or a limited liability or	ade, the Flor Il be identica change(s) w as otherwise ompany.	ida street addr al. Or, in the c as/were author	ress of the registered office ase of a Florida limited rized by an affirmative vote of
Robert Calcagno, Member				
(Printed or typed name of signes)			_ , , , , , , , , , , , , , , , , , , ,	
I hereby accept the appointme comply with the provisions of and I am familiar with and acceptance of this address, I hereby confirm that (signifum or Reputered Agent)	int as registered as all statutes relative rept the obligation locument is being fitted the limited Hability	gent and agrice to the property of my positive to merely to merely company h	ee to act in thi er and comple ion as register ly reflect a cha as been notifie	s capacity. I further agree to te performance of my duties, ed agent as provided for in inge in the registered office ed in writing of this change.
	Corporations, P.0	O. Box 6327	_ Tallahansee.	. FT. 32314

FILING FEE: \$25.00

TOTAL P.02

INHS18(10/99)