

L05000047367

(Requestor's Name)

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(City/State/Zip/Phone #)

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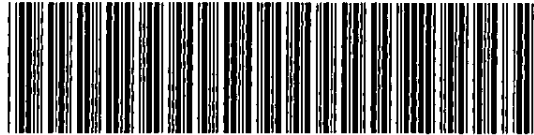
(Business Entity Name)

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T. HAMPTON

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EXAMINER



*A Professional Partnership  
Attorneys at Law*

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February 28, 2008

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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To Whom It May Concern:

Enclosed for processing are duplicate originals of the Statement to change the Registered Agent for **Blossom Financial, LLC**. Also enclosed is a check in the amount of \$25.00 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

**KYLER KOHLER & OSTERMILLER, LLP**

Susan Kumpe  
Legal Assistant

Salt Lake City • Cedar City • Las Vegas • Beverly Hills

*Asset Protection • Estate Preservation • Tax Planning • Government Relations*

**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: Blossom Financial, LLC

2. The mailing address of the limited liability company is : 364 S. MIRAESTE DR.#364

SAN PEDRO CA 90732

May 10, 2005

L05000047367

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:

Jack Callahan

Name

451 Central Park Drive

Address

Largo, Florida 33771

City, State and Zip

6. The name and address of the new registered agent and/or office:

Deborah Couch

Name

1204 Apple Creek Lane

Florida street address (P.O. Box **NOT** acceptable)

Rockledge FL 32955

City, State and Zip

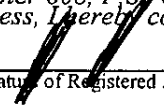
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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)

Practical Home Solutions, Inc.

(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

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