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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BLISS HOLDING (Name of Limited)	d 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 m	natter to the following:	
RENEÉ R. RUSSO (Name of Person)		
BLISS HOLDINGS UC (Firm/Company)	FILED 2006 OCT 7 P 3: SECRETARY OF STATALLAHASSEE, FLOR	
1344 TAMALIND WAY	TARY OF ASSEE, FI	
Boca RATON FL 33486 (City/State and Zip Code)		
For further information concerning this matter, ple	ase call:	
RENEE RUSSO at (561) 400 - 7777 (Area Code & Daytime Telephone Number)		
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	\$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 limited liability company is:	BLISS HOLDINGS LLC
2. The mailing address of the limited liability con	
BOCA MATCH FL 33486	
6 24 2005	L Ø5088863262
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State:	ered office address as shown on the records of the
•	Name
	Address LOAD #2215
PALM BEACH Caty, S	HADENS FL 33410 UNITED STATES
6. The name and address of the new registered age	ent and/or office:
Florida street address of City, Sta	PL 3348 AT ALL ARRY OCT ARRY OCT ARRY OCT ARRY OCT ARRY OCT ARRY OCT A
and the business office of the registered agent will liability company, it is hereby confirmed that the	be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization
(Signature of a member or authorized representative of a member	
RENEÉ R. RUSSO (Printed or typed name of signee)	
t = M	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my auties, of my position as registered agent as provided for in led to merely reflect a change in the registered office 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