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COVER LETTER

TO:	Registration Section Division of Corporations		
SUB		Development, LLC of Limited Liability Company)	·
Dear	Sir or Madam:		
The	enclosed Registered Agent/Registered	d Office Change and fee(s) are subm	nitted for filing.
Pleas	se return all correspondence concerni	ng this matter to the following:	
<u> </u>	Dr. David A. Pins (Name of Person)	KY	
	(Address)	pment Je School Court	15 E E F E F E F E F E F E F E E
	Potomoc Mp 208 (City/State and Zip Code)	854	AHII: 19 OF STATE OFLORIDA
For t	further information concerning this m	natter, please call:	
_((Name of Person)	at (<u>2146</u>) <u>443-32</u> (Area Code & Dayt	ime 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 323	
	Enclosed is a check for the follow	wing amount:	
	\$25 Filing Fee	\$55 Filing Fee & Cert	tified 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	d liability company is:	World Te	ich Dev	ielopme	int_
2. The mailing address of	the limited liability co	ompany is : 1010) Victori	ia Point	Ln.
Weston Fl 3					
7/1/05		LC	5000u	955N	
3. Date of filing/registration	4. Document number				
5. The name of the register Florida Department of S		1 Reno Name 133rd Terro		n the records o	of the
6. The name and address of	•	Address FI 33478 State and Zip		2006 SEC	
-	ICID VIC Florida street addres	Name TOTIC POINT S (P.O. Box NOT a FL 3332 State and Zip	cceptable)	2006 OCT -2 AMII: 19 SECRETARY OF STATE TALLAHASSEE.FLORID/	
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreemen (Signature of a member or authority (Printed or typed name of signee) I hereby accept the appoint	tange or changes are not the registered agent we by confirmed that the little liability company to fine limited liability company to fine limited liability and representative of a nember of the limited liability.	nade, the Florida strill be identical. Or change(s) was/we or as otherwise proy company.	reet address o, in the case o ere authorized ovided in the	of the registere of a Florida lir by an affirma articles of org	ed office nited ative vote ganization
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	the the description of all statutes relative accept the obligation his document is being that the simited liability of the statutes are supported by the statutes of the statu	e to the proper and is of my position as filed to merely reflet y company has been to the company to the company has been to the company has been to the company to the	complete per registered as ect a change i en notified in	formance of gent as provid in the register writing of this	er uz ee to my duties, led for in eed office s change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00