LD5000066651

(Req	uestor's Name)			
- 				
The Late	Trish Lamadeleir 730 New York Ave.	ne		
	South Daytona, FL 3211	9		
(Address)				
(Address)				
(City	/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL		
(Bus	iness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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FILED

07 JUN 28 AM II: 23

SECRETARY UP STATE
TALLAHASSEE, FLORID



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.

	5		
1. The name of the limite	d liability company i	s: ETL, LLC	
		company is: 730 New York	Avenue,
South Daytona, FL 321			
07/06/05		L0500006657	
3. Date of filing/registration	tration in Florida 4. Document nu		number
5. The name of the registe Florida Department of S		istered office address as show	n on the records of the
	Daniel	S. Friebis	
	3890 Turtle (Name Creek Dr., Suite B.	
		Address ge, FL 32127	 _ 50
	Cit	y, State and Zip	EGS 7
6. The name and address of	of the new registered	agent and/or office:	至 1
Edward C. Lamadeleine			TAKY OF HASSEE,
730 New York Avenue		JUN 28 AM 11: 23 CRETARY OF STATE LAHASSEE, FLORID	
	Florida street addre	ess (P.O. Box NOT acceptable	ATE ORBE
	South Daytona	_{FL} 32119	→
	City,	State and Zip	
If the limited liability comconfirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement o	tange or changes are the registered agent veby confirmed that the diability company of the limited liability		of Florida, it is hereby ess of the registered office se of a Florida limited ized by an affirmative vote of articles of organization or
Edward Lamadeleine			
(Printed or typed name of signee)			
I hereby accept the appoil comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered s of all statutes relati d accept the obligation his/document is being that,the/limited liabil	agent and agree to act in this ve to the proper and complete ns of my position as registere g filed to merely reflect a char ity company has been notified	capacity. I further agree to e performance of my duties, ed agent as provided for in age in the registered office I in writing of this change.
(Signature of Registered Agent)	Holy		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00