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SECRE IART SPORATIONS
DIVISION OF CORPORATIONS

J. BRYAN

MAY - 6 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Sulf ONE (Name of Limit	LLC ed Liability Company)	
Dear Sir or Madam:  The enclosed Registered Agent/Registered Office		
Please return all correspondence concerning this	matter to the following:	
J WARREN HUGHES, PK (Name of Person)	F.5.	JIVISII
DENAMIC TOUESTMENT. (Firm/Company)	3, INC.	ON OF COS
POBOX 28/ (Address)	<del>.</del>	PH 4: 02
C/EARW ATER, FL 33737- (City/State and Zip Code)	038/	<sub>V</sub>
For further information concerning this matter, p	lease call:	
JUARREN HUGHES at (Name of Person)	737 ) 58/-9003 or 737-4/22 (Area Code & Daytime Telephone	?_22\$ 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 am	lount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

## 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 undersiliability company submits the following statement in order to change its registered office agent, or both, in the State of Florida.	gned l or regi	imited istered
agent, or both, in the state of the		
1. The name of the limited liability company is:		<del></del> *
2. The mailing address of the limited liability company is: 1000 281	<u></u>	•
C/EARWATER, FL 33757-028/		
7/30/05 1.150000 7/67		<del> </del>
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 record Florida Department of State:		
Florida Department of State:  JOSEPH SHAHFEN JR  Name  40/E JACKSON ST. STE. 3400  Address  TAMPA, FL 33602  City, State and Zip	08 MAY -5	EUL EUR DIVISION OF CO
6. The name and address of the new registered agent and/or office:	PH	OF S
SEROGERS ST. APT. 204 Florida street address (P.O. Box NOT acceptable)	<b>կ։</b> 02	Y OF STATE ORPORATIONS
CIERRUATER FL 33757-038/ City, State and Zip		
If the limited liability company is not organized under the laws of the State of Florida, it is a confirmed that after the change or changes are made, the Florida street address of the register and the business office of the registered agent will be identical. Or, in the case of a Florida liability company, it is hereby confirmed that the change(s) was/were authorized by an affin of the members of the limited liability company or as otherwise provided in the articles of conthe operating agreement of the limited liability company.	ered of limited	fice d
(Signature of a member or authorized representative of a member)		
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent and agree to act in this capacity. I fur- comply with the provisions of all statutes relative to the proper and complete performance a and I am familiar with and accept the obligations of my position as registered agent as prov Chapter 508, F.S. Or, if this document is being filed to merely reflect a change in the regist address, I hereby confirm that the limited liability company has been notified in writing of the	ther ag of my d vided fo lered o his cha	rree to uties, or in ffice inge.
(Signistrated Registered Agent)		
Division of Corporations P.O. Rev 6327 Tallaharras El 23214		

FILING FEE: \$25.00