L050000 72122

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EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: THE BOYZ BUSINESS CENTER, LLC Name of Limited 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 matter to the following:		
ANDREW BEHM Name of Person		
THE BOYZ BUSINESS (EN Firm/Company	STER, LLC	
10004 NW 46 ST. Address	Process of the second s	
SUNRISE FL 33351 City/State and Zip Code	AM 9: 24	
E-mail address: (to be used for future annual report notification)	N tion)	
For further information concerning this matter, please call:		
ANDREW BEHM at	964, 742.0574	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

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.

agent, or both, in the State of Florida.	
1. Name of the limited liability company: THE B	0YZ BUSINESS PENTER, LLC
2. (a) Principal office address of limited liability compar	ny: 10004 NW 46 ST.
(Note: MUST BE STREET ADDRESS)	SUNRISE, FL 33351
(b) Mailing address of limited liability company:	10004 NW 46 ST.
(Note: MAY BE POST OFFICE BOX)	SUNRISE, FL 33351
7/21/2005	L05000072122
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	LEONARD E. ZEDECTE, ESO
Registered Office Address:	SUNRISE, FL 3335)
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	TST TO THE STATE OF THE STATE O
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	LAING & WEICHOLZ PL WILL BROKEN SOUND PARKWAY NW #35 BONA RATON ,FL 33487
If the limited hability company is not organized under the confirmed that after the change or changes are made, the and the ousiness office of the registered agent will be ide liability company it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization ny.
Signature of a member or authorized representative of a member	
ANDREW BEHM Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my panders to be a companied to be address, I hereby continuity that the limited liability companies.	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in perely reflect a change in the registered office my 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