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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 Special Instructions to Filing Officer:
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Office Use Only

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COVER LETTER

TO: Registration Division of	Section Corporations					
SUBJECT: Sellin	ng Points, LLC					
 -		imited Liability Company)				
The enclosed Articles	s of Amendment and fee(s) are su	ubmitted for filing.				
Please return all corre	espondence concerning this matte	er to the following:				
	Lester Brotman	Olympia				
		(Name of Person)				
	Selling Points, LLC	(Firm/Company)				
276 Springside Rd.					65 1KM O 1 KML 88	
Longwood, FL 3779					in A	וורבה
	(City	//State and Zip Code)		FLORIC	=======================================	
For further information concerning this matter, please call:						
Lester Brotman at (407 862-0111 (Area Code & Daytime Telephone Number)						
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Filing For Certificate of Statu Certified Copy (additional copy is	s &)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Glenda E. Hood Secretary of State

November 8, 2005

LESTER BROTMAN 276 SPRINGSIDE RD LONGWOOD, FL 37779

SUBJECT: SELLING POINTS, LLC

Ref. Number: L05000079248

We have received your document for SELLING POINTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. The hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days a your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 205A00066687

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or liability company submits the following statement i agent, or both, in the State of Florida.	608.508, Florida Statutes, the undersigned limited n order to change its registered office or registered
1. The name of the limited liability company is: Se	Iling Points, LLC
2. The mailing address of the limited liability compa	any is: 276 Springside Rd., Longwood, FL 32779
August 11, 2005	L05000079248
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registere Florida Department of State:	
James A. Frazier, J	r. me
142 West Lakeviw Av	
Lake Mary, FL 32746 City, Stat	
- · · · · · · · · · · · · · · · · · · ·	e and Zip
6. The name and address of the new registered agent	and/or office:
Lester M. Brotman	e and Zip and/or office: STATE STA
Nam	ie ORAI
276 Springside Rd.	
Florida street address (P.	O. Box NOT acceptable)
Longwood FI	<u></u>
City, State	and Zip
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the change of the members of the limited liability company or a or the operating agreement of the limited liability company.	the Florida street address of the registered office identical. Or, in the case of a Florida limited
(Signature of a member of authorized representative of a member)	
Lester M. Brotman	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co (Signature of Registeral Agent)	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.
Division of Cornerations P.O. B	lay 6227 Tallahassaa El 22214

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

INHS18 (8/05)