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COVER LETTER

Liability Company
nd fee(s) are submitted for filing.
e following:

lification)
433 3346
Area Code & Daytime Telephone Number
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
\$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

2. (a)	21 Riverside Drive, apt. 501, Cocoa, FL Principal office address of limited liability compa	(0)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	· <i>y</i> ·	(Note: MAY BE POST OFFICE BOX)
	08/15/2005	L05000	0080511
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	780		
). (a	Registered Agent and Registered Office shown on the rec	ords of the Florida Dept. of	State:
	1702 S.Washington Ave, Titusville, FL	32780	
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)	18
	1702 S. Washington Ave		言言 - 1
	Titusville,	, FL 32780	18 NOV 26
(b)	Claire M.S. Boucher-Norman		1 26 PH 1: 08
(0)	Enter name of NEW Registered Agent and/or NEW Reg	gistered Office address:	— <u> </u>
	21 Riverside Drive, apt. 501, Cocoa, F	FL 32922	
	NEW Registered Office Address:		
	21 Riverside Drive, Apt. 501		
	Cocoa	, _{FL} 32922	<u></u>
the ch agent was/w the art	limited liability company is not organized under ange or changes are made, the Florida street addiwill be identical. Or, in the case of a Florida limber authorized by an affirmative vote of the menticles of organization or the operating agreement	ress of the registered of lited liability company, abors of the limited liab of the limited liability	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
	ature of a member or authorized representative of a member	Keith J. No	
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee

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

notified in writing of this change.