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SECRETATY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PE / 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:		
JoHn O'WAHONY		
PBI, LLC.		
Firm/Company		
365 S. CONNTY ROAD		
PALM BEACH FG 33480 City/State and Zip Code		
PBHSTORICINN & AOL. COM E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
John O'MAHOM at (561) 832-4009		
	ode & Daytime Telephone Number	
Registration Section Registration Division of Corporations Division Clifton Building P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee \$55 Fili	ing Fee & Certified Copy	

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

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	8, Florida Statutes, the undersigned limited to change its registered office or registered	
1. Name of the limited liability company:	B1, LLC	
2. (a) Principal office address of limited liability company:	3801 PGA BLVD. #901	
(Note: MUST BE STREET ADDRESS)	PAIM BOACH GARDENS A 33410	
(b) Mailing address of limited liability company:	3801 PGA BLUD #901	
(Note: MAY BE POST OFFICE BOX)	PALM BOACH GARDENS PZ. 33410	
8/26/2005	L050000 84802	
3. Date of filing/registration in Florida 4	. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	MATTHEW SCHNOEL, 6,	
Registered Office Address:	3801 PGA BLUD, \$\frac{1}{2} 901 PATH BOACH GARDING FT 33480	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> <u>NEW Registered Office Address:</u> <u>(MUST BE FLORIDA STREET ADDRESS)</u>	Registered Office address: John O'MAHONY 366 S. COUNTY ROAD PALM REACH FL FL 33480	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement at the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote	
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 ag comply with the provisions of all statutes relative to the proj and I am familiar with and accept the obligations of my post Chapter 608, F.S. Op if this descriptor is being filed to mero address, I hereby confirm that the finited liability company		
Signature of Registered Agent	JAN CRET LAH	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 323142 & FILING FEE: \$25.00		
TNILIS 19 (AS/A9)		