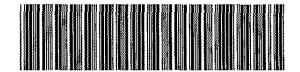
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 1000 Mon	of Limited Liability Company)	ic
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and fee(s) are	submitted for filing.
Please return all correspondence concernit	ng this matter to the following	:
Mark Patema. (Name of Person)	1	
(Firm/Company) 330 Tuxedo L (Address) West Palm Beach (City/State and Zip Code)	FL 33401	FILED 2006 SEP-1 A 11: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA
For further information concerning this mandal Mark Dakeman (Name of Person)	at (577) 835	7-947/ Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the follow \$25 Filing Fee		on rations
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 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.

ageni, or voin, in the signe of Gioriaa.
1. The name of the limited liability company is: 1000 North Olive, LUC
2. The mailing address of the limited liability company is: CHANGE TO:
330 Tixedo have, West Palm Bouch, FL 33401
8/29/2005 L05000085290
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 records of the Florida Department of State: Paleman Mark L., Esq. Name Name Name Name Address Nest Calm Bach Ft 33 Yol City, State and Zip Ft 33 Yol
6. The name and address of the new registered agent and/or office: Coleman Mark Esq. SEP ARRY OF STATE
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member of authorized representative of a member) Arinted or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

INHS18 (8/05)

(Signature of Registered Agent)