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SECRETARY OF SIME OF CORPORATIONS

J. BRYAN

MAY - 6 2008

EXAMINER

COVER LETTER

'FO: Registration Section Division of Corporations	
SUBJECT: AND 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 m	atter to the following:
JUARRED 4064)	ES PAFS.
DYNAMIC TNUESTMENTS, (Firm/Company)	
POBOX 381 (Address)	PH 4: 03
C/FARWATER, F/ 33757 (City/State and Zip Code)	<u>'-038/</u>
For further information concerning this matter, ple	ase call:
Name of Person)	737) 58/- 900 5 01 737- 422-2228 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	unt:
\$25 Filing Fee	\$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 608.416 or 608.508, Florida Statutes, the und liability company submits the following statement in order to change its registered officent, or both, in the State of Florida.	ersigned lice or reg	limited istered
1. The name of the limited liability company is:		•
2. The mailing address of the limited liability company is: PO BOX 38	<u> </u>	 •
C/FARWATER, FL 33757-0281		<u></u> -
18/4/05 _ 1050009	8068	
3. Date of filing/registration in Florida 4. Document number	٠	
5. The name of the registered agent and the registered office address as shown on the rec Florida Department of State: State: State: State: Name Name	ords of the	ð
40/E JACKSON ST. STE. 2400 Address	0	<u> </u>
TAMPA, FL 33 602City, State and Zip	VVH 80	AISIO D3s
6. The name and address of the new registered agent and/or office:	Y -5	유로 유로 T
J WARREN HUGHES	₽	RY OF CORPC
SE ROFERS ST. APT 304 Florida street address (P.O. Box NOT acceptable)	4: O3	STATE PRATIO
C/FARWATER FL 33756	•	ŧs
City, State and Zip		
If the limited liability company is not organized under the laws of the State of Florida, it confirmed that after the change or changes are made, the Florida street address of the reg and the business office of the registered agent will be identical. Or, in the case of a Flori liability company, it is hereby confirmed that the change(s) was/were authorized by an at of the members of the limited liability company or as otherwise provided in the articles or the operating agreement of the limited liability company.	ristered of	fice vote ation
(Signature of a member of authorized representative of a member)		
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performant and I am familiar with and accept the obligations of my position as registered agent as p Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the regardness, I hereby confirm that the limited liability company has been notified in writing a (Signature of Registered Agent)	further ag e of my d rovided fo gistered of this cha	ree to uties, ir in fice nge.
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (8/05)