205000101825

(Re		
	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)
		•
PICK-UP	MAIT	MAIL
		
	Total Manager	
(50	usiness Entity Name)	,
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
Special Instructions to	Filing Officer:	
Special Instructions to	Filing Officer:	
Special Instructions to	Filing Officer:	
Special Instructions to	Filing Officer:	
Special Instructions to	Filing Officer:	
Special Instructions to	Filing Officer:	2/6
Special Instructions to	Filing Officer:	3/4
Special Instructions to		3/6
Special Instructions to	Filing Officer: Office Use Only	3/6
		3/6)
Special Instructions to		3/6/



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03/01/06--01005--008 **25.00

95 H.M. -1 F.H. 2: 4.4

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Restlet Brown (Name of Lie	nited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Edward Tettson (Name of Person)	
Restlet Brouk L.L.	
16299 Murapal Way	/
Delray Beach 7/ 3 (City/State and Zip Code)	33446
For further information concerning this matter,	please call:
Edward Teltaer a (Name of Person)	t (561) 638-0157 (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 a	amount:

INHS18 (8/05)

\$25 Filing Fee

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

Pursuant to the provisions of sections 608.416 or 6 liability company submits the following statement in agent, or both, in the State of Florida.	order to change its re	egisierea office or i	a umuea egistered
1. The name of the limited liability company is:			
2. The mailing address of the limited liability compar	ny is : <u>16299</u> /	MIRASOL	WAY.
	DELRAY B	EACH, FL.	33446
October 14th, 2005 3. Date of filing/registration in Florida.	# L0500		
3. Date of filing/registration in Florida	4. Document r	number	
5. The name of the registered agent and the registered Florida Department of State: **Ploch, Style** **Ploch, Style** **Ploch**			the
BLOCH, STUA Name 980 NORTH FEL Addir BOCA RAJON City, State	ERAL HIGHWAY ESS FL 33432 and Zip	Suite 412	06 1500 -1
6. The name and address of the new registered agent a			7
EDWARD TELD	TSER	Li	P
EDWARD TELD Name 16299 MIRASOL 4	IAV		PH 2: 44
Florida street address (P.C). Box NOT acceptable	D	
DELRAY BEACH FL. City, State 8	33446		
City, State a	and Zip		
If the limited liability company is not organized under 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 chan of the members of the limited liability company or as or the operating agreement of the limited liability com Living Letter May (Signature of a member or suthorized representative of a member)	the Florida street addre identical. Or, in the cauge(s) was/were authorication otherwise provided in spany.		
EDWARD TELTSER (Primed or typed name of signee)			
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of manager to the construction of the contract of the contr	ind agree to act in this ie proper and complete iv position as registere to merely reflect a chan ipany has been notified	capacity. I further performance of my a agent as provided uge in the registered I in writing of this co	agree to duties, for in office hänge.
(Signature of Registered Agent)			

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

INHS18 (8/05)