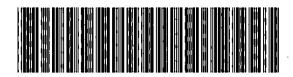
L05000105841

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
PICK-UP WAIT MAIL (Business Entity Name)
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filling/Officer:
Special instructions to Filling/Officer.
Office Use Only



300076919563

07/11/06--01001--016 **25.00



1	PORATE "When you need ACCESS to the world"	
	INC. 236 East 6th Avenue . Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666	
WALK IN		
	PICK UP: 7/10	
[_]	CERTIFIED COPY	
	РНОТОСОРУ	
	cus	
N	FILING Amendament	
	ORPORATE NAME AND DOCUMENT #)	
-(C	ORPORATE NAME AND DOCUMENT #)	
((;	ORPORATE NAME AND DOCUMENT #)	
, (C	ORPORATE NAME AND DOCUMENT #)	
((ORPORATE NAME AND DOCUMENT #)	
ECIALI	NSTRUCTIONS:	

<u>,</u>

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. 1. The name of the limited liability company is: Gentry Konover, LLC 2. The mailing address of the limited liability company is : c/o Michael Konover, Manager 333 Montevideo Rd. 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: NRAI SERVICES, INC., Name 2731 EXECUTIVE PARK DRIVE, SUITE 4 Address WESTON, Florida 33331. City, State and Zip 6. The name and address of the new registered agent and/or office: Corporate Access, Inc. Name 236 E. 6th Ave. Florida street address (P.O. Box NOT acceptable) Tallahassee, FI. 32303 City, State and Zip 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 property of the limited liability company. or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Michael Konover (Manager)

(Printed 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.

(Signature of Registered Agent)

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