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## **COVER LETTER**

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**TO:** Registration Section Division of Corporations

2006 FEB 17 P 1: 16 SECRETARY OF STATE

SUBJECT: GUISEPPE, LLC	TALLAHASSEE, FLORI
	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
KRISTEN M. LYNCH (Name of Person)	
ELK, BANKIER, CHRISTU & BA	KST, LLP
4800 N. FEDERAL HIGHWAY, S	TE 200E
BOCA RATON, FL 33431 (City/State and Zip Code)	
For further information concerning this matt	er, please call:
Kristen M. Lynch, Esq.	at (561 ) 368-8800
(Name of Person)	(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	ag amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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

BO11	TOR LIMITED DIADIEIT I COMPANI	
Pursuant to the provisions of s liability company submits the fo agent, or both, in the State of Flo	ections 608.416 or 608.508, Florida Statutes, the undersigned l llowing statement in order to change its registered office or re- rida.	imited stered
1. The name of the limited liabil	ity company is: GUISEPPE, LLC	
2. The mailing address of the lir	nited liability company is: 20864 CIPRES WAY	8 17
BOCA RATON, FL 33433	SECRE 7 TALLAHA	ARY
		SEE
NOV. 16, 2005	L05000111010  lorida 4. Document number	
3. Date of filing/registration in I	4. Document number	
5. The name of the registered agreement of State:	ent and the registered office address as shown on the records of the	;
<u>*</u>	N & WOLF, LLP	
1417 (1	Name	
4300	N. UNIVERSITY DRIVE, STE C-203	
	Address	
SUN	RISE, FL 33351	
	City, State and Zip	
6. The name and address of the r	ew registered agent and/or office:	
ELK.	BANKIER, CHRISTU & BAKST, <u>LLP</u>	
	Name	
<u>4800</u>	N. FEDERAL HIGHWAY, STE 200E	
Flori	da street address (P.O. Box NOT acceptable)	
BOC	A RATON, FL 33431	
	City, State and Zip	
confirmed that after the change of and the business office of the regliability company, it is hereby co of the members of the limited litor the operating agreement of the Sighature of a member of authorized representation.		vote
(Printed or typed name of signee)	as varietized agent and agree to get in this equation. I firstly age	roo to
1 stisley M TV	as registered agent and agree to act in this capacity. I further ag statutes relative to the proper and complete performance of my di t the obligations of my position as registered agent as provided fo ument is being filed to merely reflect a change in the registered of e limited liability company has been notified in writing of this change	ities, r in fice nge.
Signature of Registered Agent		

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