


02-13-2006 90194 013 ****50.00

DOCUMENT # L05000112784						Secretary of State																												
1. Entity Name ALL ABOUT BEHAVIOR, L.L.C.				02-13-2006 90194 013 ****50.00																														
Principal Place of Business 410 S.E. 11TH STREET OCALA, FL 34471				Mailing Address 410 S.E. 11TH STREET OCALA, FL 34471																														
2. Principal Place of Business				3. Mailing Address																														
Suite, Apt. #, etc.				Suite, Apt. #, etc.																														
City & State				City & State																														
Zip		Country		Zip		Country																												
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																														
AMES, STEPHANIE 410 S.E. 11TH STREET OCALA, FL 34471				Name																														
				Street Address (P.O. Box Number is Not Acceptable)																														
				City		FL Zip Code																												
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																		
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State																														
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES																														
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																		
SIGNATURE: <u>Stephanie C. Ames</u> <u>2/10/06</u> <u>(352) 262-1231</u>																																		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																		