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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	•				
SUBJECT: FNA ENTERPRISES (Name of Limite	d 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	natter to the following:				
DAVID L. KUNTZ, JA (Name of Person)	- <u>C. </u>				
FNA ENTERPRISES, LLC (Firm/Company)	· 				
323 NE COMMERCIAL (Address)	CIR.				
KEYSTONE HEIGHTS, FL (City/State and Zip Code)	32656				
For further information concerning this matter, ple	ase call:				
DAVID L. KUNTZ, JR at (Name of Person)	352.) 745-0251 (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 amount:					
\$25 Filing Fee	\$55 Filing Fee & Certified Copy				

INHS18 (8/05)

1

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.

agein, or com, mine state of 1 to that.					
1. The name of the limited liability company is	: FNA	ENTER	PRISES,	LLC	
2. The mailing address of the limited liability co	ompany is : _	323 /	JE COM.	MERCIA	1c CIK
	KEYSTO	WE HE	IGHTS, FO	_ 324	256
25 JAN 06		4060	000087	190	'
3. Date of filing/registration in Florida		4. Documer			
5. The name of the registered agent and the registered agent	LANAGAN Name			cords of the 07 DEC 14	SECRE
6. The name and address of the new registered a	=			-	STATE OF THE STATE
DAVID L., 323 NE CO Florida street address KEYSTONE HEIGHTS	MMERC s (P.O. Box N	IAL C/K IOT accepta	<u> </u>	AM 11: 59	OF STATE RPORATIONS
City, S	State and Zip				
If the limited liability company is not organized confirmed that after the change or changes are mand the business office of the registered agent while line to company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability (Signature of a member or authorized representative of a member of typed name of signee)	nade, the Flori ill be identica e change(s) we or as otherwi y company.	ys of the Statida street add 1. Or, in the as/were auth ise provided	e of Florida, it dress of the reg case of a Flor orized by an a in the articles	is hereby gistered officida limited ffirmative voof organizat	ce ote ion
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability (Signature decisions)	<u> </u>			further agre ce of my dut provided for gistered offi of this chan	e to ies, in ce ge.
Division of Contractions D	(1 Day (277	Tallahacea	. ET 2721 <i>1</i>		

FILING FEE: \$25.00

INHS18 (8/05)