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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer. →				
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Holywood Showrod (Name of Limited	ON CCC Liability Company)	. 184 –	
Dear	Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
10	Shua W. Shrager (Name of Person)	·		
H. Ve	Mywood Showroom, We where Conte	Suite 320	 - ,	
Hi	(Address) (Address) (Address) (City/State and Zip Code)		÷	
For further information concerning this matter, please call: Shua W Shager at 954 963-7120 Est. 22 (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 amount:				
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	-	

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: Hollywood Showroom	1,40
2. The mailing address of the limited liability company is: Venture Comonate	Center-II
200 S. Park Road - Suite 320 - Hollowood, Pc	33021
2/02/2006 2060000116	29
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the reconflorida Department of State:	ords of the
Doshua W. Schrager	
4651 Sheridan Street - Suite 32	20
Hollywood, PL 33021	SEC DIVISIO OG AL
6. The name and address of the new registered agent and/or office:	
o. The hame and address of the new registered agent and of office.	RY OF CORP
Venture Consorate Center II	STATE ORATION
Florida street address (P.O. Box NOT acceptable)	6
Hollywood, FL 33021	<u>.</u> .
City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it confirmed that after the change or changes are made, the Florida street address of the reg and the business office of the registered agent will be identical. Or, in the case of a Floridability company, it is hereby confirmed that the change(s) was/were authorized by an af of the members of the limited liability company or as otherwise provided in the articles or the operating agreement of the limited liability company.	istered office da limited
(Signature of Temember or authorized representative of a member)	
Toshua W. Schrager (Printed or typed name of signee)	· • • • • • • • • • • • • • • • • • • •
I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent as p. Chapter 608 F.S. Or, if this accument is being filed to merely reflect a change in the regarders, I hereby confirm that the limited liability company has been notified in writing 8.	further agree to se of my duties, rovided for in gistered office of this change.

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

(Signature of Registered Agent)