## L06000021147

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## **COVER LETTER**

Division of Corporations	en e					
SUBJECT: The Angelfish Group, LLC (Name of I	Limited 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 matter to the following:					
Steven R. Sargent						
(Name of Person)	<b>3</b>					
The Angelfish Group, LLC	2006 AUG 16 SECRETARY LLAHASSEE					
(Firm/Company)	(SSE)					
8374 Market Street #481	FS D					
(Address)	TATE ORIDA					
Lakewood Ranch, FL 34202						
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·					
For further information concerning this matter.  Steven R Sargent	ter, please call: at ( 941) 870-0040					
(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	ng amount:					
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy					

INHS18 (8/05)

## 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	I liability company is	S: The Angelfish G	roup, LLC			<del></del>	·
2. The mailing address of	the limited liability	company is: <u>837</u>	4 Market Street	#481			
Lakewood Ranch, FL 34202	· · · · · · · · · · · · · · · · · · ·	<del>,</del>	<u>-</u>			. <u> </u>	
February 27, 2006	,		06000021147	•			
3. Date of filing/registration	on in Florida	4.	Document nu	mber			
5. The name of the register Florida Department of S		istered office add	dress as shown	on the	records	of the	
	Steven R. Sargen			-			
	7010 Aphlou Cirola	Name	•			*	
	7819 Ashley Circle	Address		•		,	) <u>.</u>
:	University Park, FL						
•		, State and Zip		A SE	200		
6. The name and address o	f the new registered	agent and/or offi	ce:	CRETY AHA!	2006 AUG	T	-
<u> </u>	Dwight M Herdrich			ASSE ASSE	6		
<u>.</u>	523 Country Lane	Name		E FL	U		
Florida street address (P.O. Box NOT acceptable)							
<u>!</u>	Bradenton,	FL 34212		D <sup>mi</sup>	tt 1		
	City,	State and Zip	·			`*·	
If the limited liability components of the chand the business office of the liability company, it is here of the members of the limited or the operating agreement (Signature of a member or authorize	ange or changes are the registered agent very eby confirmed that the ited liability compant tof the limited liability	made, the Florida will be identical. he change(s) was by or as otherwise ity company.	a street address Or, in the case were authorize	of the of a F	register lorida li n affirm	ed office mited ative vot	e
Steven R Sargent		<del></del>	***				,
(Printed or typed name of signce)  I hereby accept the appoint comply with the provisions and I am familiar with anti-chapter 608. F.S. Or, if the address. I hereby confirm to (Signature of Registered Agent)	ntment as registered s of all statutes relation accept the obligation is deciment is being that the limited liable	agent and agree ve to the proper ons of my position of filed to merely i lity company has	to gct in this cand complete p in as registered reflect a chang been notified i	apacity erform agent o e in the n writin	l furti ance of is provi registe ng of th	her agree my dutie ded for it red offic is change	to ss, nee

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

INHS18 (8/05)