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SECRETARY OF STATE
ALLAHASSEE FLOOR

COVER LETTER

TO: Registration Section Division of Corporations			
•			
SUBJECT: 54 TOUSINGS CENT Name of Limited Liabi	TRI LLC		
Name of 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:			
MICHAEL LANIGAN Name of Person			
54 BUSINGSS CENTER LLC Firm/Company			
35946 STATURD 54 Address			
Zephykhills FL 33541 City/State and Zip Code			
Brittler Contractors & Ya Hoo. Com. E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Michael Lowigh at (813) 263-2638 Name of Person at (813) Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: M.	AILING ADDRESS:		
Registration Section Re	egistration Section		
	ivision of Corporations O. Box 6327		
5	allahassee, Florida 32314		
Enclosed is a check for the following amount:			
	S55 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. Name of the limited liability company: 54 Bu	ISINESS CONTOR LLC
2. (a) Principal office address of limited liability compar	ny: 35946 STATE AD 54
(Note: MUST BE STREET ADDRESS)	ZephyrHills FL 33541
(b) Mailing address of limited liability company:	35946 STATE RD 54
(Note: MAY BE POST OFFICE BOX)	ZephyaHills FL 3354/
March 3, 2006 3. Date of filing/registration in Florida	<u>L 060000よろろ74</u> 4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	STEVEN FISHMAN.
Registered Office Address:	29737 Chapel Pank Dr
	Wesley Chapel FL 33543
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:
NEW Registered Agent:	Michael Undigod.
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	19046 Bruce B DOWNS BIVD # 13 Transa FL 33647
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited bability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I are followed by the pand I am familiar with and accept the obligations of my pand I are followed by the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with a my	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization ny.
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00