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(Re	questor's Name)
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

Division of Corporations	
SUBJECT: FROM THE GROWD UNAme of Limited	Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
(Name of Person)	
FROM TH GROWD UP LLC (Firm/Company)	
935 BENEUA Rd STE 609-	<u>17</u>
SARASOTA F1 34232 (City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
DONALD P. COURTOIS at (90) (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 amou	nt:
\$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.

agent, or conti, in the content of a content	
1. The name of the limited liability company is: FROM THE GROWD UP LLC	
2. The mailing address of the limited liability company is : <u>935 BENEUA R6 STE 609-</u> ,	17
SARASSTA FL 34232	
03/24/06 20600031344	
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 records of the Florida Department of State:	
Name 5059 COMMON WEALTH OR. Address SARASOTA FL 34242 City, State and Zip	
6. The name and address of the new registered agent and/or office:	_
City, State and Zip 6. The name and address of the new registered agent and/or office: DOMALD P. COURTOIS Name 935 BENEVA Rd STE 609-17 Florida street address (P.O. Box NOT acceptable) SARASOTA FL 34232 City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization 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 agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.)

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

(Signature of Registered Agent)