<u>L06000034036</u>

•				
(Requestor's Name)				
•				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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T. HAMPTON

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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				
	TOTAL STATE OF THE	FOVM I.I.C			
		EOYM, LLC ed 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:					
James S. Pezzulla, Esquire					
Name of Person					
	- " "				
	Pezzulla and Pezzulla, LLC Firm/Company				
28 Allegheny Avenue, Suite 1207					
Address					
Tauran Mondard 24204 2040					
Towson, Maryland 21204-3919 City/State and Zip Code					
Jamie@pezzulla.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
	James S. Pezzulla at (410) 821-5235			
-	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section		Registration Section			
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
	2661 Executive Center Circle	Tallahassee, Florida 32314			
	Tallahassee, Florida 32301	,			
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. Name of the limited liability company:	IOEOYM, LLC
2. (a) Principal office address of limited liability comp	oany:
(Note: MUST BE STREET ADDRESS)	6251 White Birch Road Eldersburg, Maryland 21784
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	6251 White Birch Road Eldersburg, Maryland 21784
3/31/2006	L06000034036
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	Sunil Sharma
Registered Office Address:	4126 Artega Drive Boynton, FL 33436
	•
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	Ron Urkovich
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2323 Wooster Lane Suite 3
	Sanibel ,FL33957
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 liability company or as of the operating agreement of the limited liability company.	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization
Signature of a member or authorized representative of a member	
Samuel R. Alascia	
Printed or typed name of signee I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.
6:	<u> </u>

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

INHS18 (05/08)

SECRETARY OF STATE
JIVISION OF CORPORATIONS