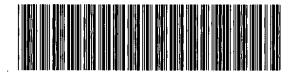
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SECRETARY OF STATE

COVER LETTER

Division of Corporations		
SUBJECT: A. MATTEINI & CO	LLC	
(Name 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:	
·	•	
Apple 1 Matter	#	
APRIL L. MATTEINI (Name of Person)	ALLA SECH	
1 11 - 1 1 1 1 1	HASA MAY	
A. MATTEINI L CO. LLC (Firm/Company)	FILED TORN MAY 22 A II: 05 SECRETARY OF STATE ALLAHASSEE, FLORIDA	
	FLOR	
PO Box 811473 (Address)	05	
(Address)		
BOCA RATON, FL 33 481		
(City/State and Zip Code)		
For further information concerning this matter, pleas	se call·	
•		
APRIL L. MATTEIN) at (5	613-3387	
(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 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amou	ınt•	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
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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: A. MATTEINI & CO. LLC 1. The name of the limited liability company is: $\frac{\mathcal{H} \cdot \mathcal{MATTENN} \times \mathcal{Lo} \cdot \mathcal{LLC}}{2}$. The mailing address of the limited liability company is: $\frac{1}{2} \cdot \frac{1}{2} \cdot \frac{1}{$ 1 <u>L0600003800L</u> 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: APRIL L. MATTEINI
Name
7430 ROSEWOOD CIR

Address

BOCA RATON, FL 33487

City, State and Zip 6. The name and address of the new registered agent and/or office: APRIL L. MATTEINI Name

Name BOYNTON BETCH, FL 33435
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) APRIL L. MATTEINI (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, 4.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. (Signature of Registered Agent)

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