## L0600003804

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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUB.	JECT: PROVENWEBIDEAS (Name of	COM, LLC f Limited Liability Company)		
Dear	Sir or Madam:			
The e	enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing	ıg.	
Pleas	e return all correspondence concernin	ng this matter to the following:		
<u>R.J.</u>	HAUGHEY, II (Name of Person)			
SIV	YER BARLOW & WATSON (Firm/Company)	1	81 NUL 70	SECRETA DIVISION OF
100	S ASHLEY DR. SUITE 2150	)	8 AMI	KRY OF S
TAM	IPA, FL. 33602  (City/State and Zip Code)		AM 11: 03	RATIONS
For fu	orther information concerning this ma	tter, please call:		
R.J.	HAUGHEY, II (Name of Person)	at ( <u>813</u> <u>)</u> <u>221-4242</u> (Area Code & Daytime Telephor	ie Nui	mber)
	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	ing 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. The name of the limited liability company is: PRO	OVENWEBIDEAS.COM, LLC	
2. The mailing address of the limited liability compan	ny is : 8413 LAUREL FAIR CIRCLE	SUITE 101
TAMPA, FL. 33610		
04/11/2006	L06000038043	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered Florida Department of State:  R.J. HAUGHEY, II	office address as shown on the records	of the
Name 100 S ASHLEY DR SU Address TAMPA, FL 33602 City, State	JITE 2150	SECRE I
6. The name and address of the new registered agent a	nd/or office:	5 OF CO
R.J. HAUGHEY, II  Name  401 E JACKSON ST SUITE 2225  Florida street address (P.O. Box NOT acceptable)		FILED STATE SECRETARY OF STATE OF CORPORATIONS
TAMPA FL	33602	
City, State a	nd Zip	
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be i liability company, it is hereby confirmed that the chang of the members of the limited liability company or as or the operating agreement of the limited liability com  (Signature of a member of authorized representative of a member)	the Florida street address of the register	ed office

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 508, 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.

Signature of Registered Agent)

(Printed or typed name of signee)

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