206000053043

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT	MAIL					
(Business Entity Na	ime)					
(Submoss Entry 140						
(Document Number	<u>, </u>					
(Document Number	,					
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
	Ì					
	1					
	ł					

Office Use Only



400105821184

07/18/07--01019--009 **25.00

TOOI JUL 18 P 2: 11
SECRETARY OF STATE
ARE AHASSEE, FLORIDA

COVER LETTER

TO: Registration S Division of C				
SUBJECT: Snoop	z Private Investigatio (Name of I		ility Company)	
Dear Sir or Madam:				
The enclosed Registe	ered Agent/Registered (Office Chang	ge and fee(s) are sub	omitted for filing.
Please return all corr	espondence concerning	this matter	to the following:	
Shana Millican Be	dard (Name of Person)			FILED 1001 JUL 18 P 2: 11 SECRETARY OF STATE TALLAHASSEE, FLORIDA
18648 46th Court				D 2
	(Firm/Company)			P 2: 11 OF STATE EE, FLORIDA
	(Address)			
Loxahatchee, FL 33				
(6	City/State and Zip Code)			
For further informat	on concerning this mat	ter, please ca	all:	
Shana Millican Bed	dard	at (561	315-0855	
(Nam	e of Person)		(Area Code & Da	ytime Telephone Number)
Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle	R D P	MAILING ADDRESS egistration Section bivision of Corporation O. Box 6327 fallahassee, Florida 32	ons
Enclosed is	a check for the followi	ng 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 liabili	ity company is: Snoo	pz Private Investigations, LL	.c
2. The mailing address of the lim	nited liability compan	y is : 4280 San Marino B	oulevard #305,
West Palm, Beach,F I 33409			
5/12/06		L06000053043	
3. Date of filing/registration in Florida 4. Document number			mber
5. The name of the registered age Florida Department of State:	ent and the registered	office address as shown	on the records of the
•	a Millican		
	Nam	ie .	-
4280 \$	San Marino Boulevar	rd #305	
	Addre	≎SS	7AL SI
West F	Palm Beach, FL 3340		
-	City, State	and Zip	
6. The name and address of the ne	ew registered agent a	nd/or office:	F L 18
Shana	Millican Bedard		
18648	Name 46th Court N		STATE CORID.
Florio	da street address (P.O	. Box NOT acceptable)	
Loxaha		33470	
	City, State a	nd Zip	
If the limited liability company is confirmed that after the change of and the business office of the reg liability company, it is hereby confirmed the members of the limited liability company, agreement of the limited liability company is seen and the limited liability company.	r changes are made, to istered agent will be infirmed that the chandility company or as a limited liability company.	the Florida street address identical. Or, in the case (ge(s) was/were authoriz	s of the registered office e of a Florida limited red by an affirmative vote
Shana Millican Bedard			
(Printed or typed name of signee)			
I hereby accept the appointment comply with the provisions of all and I am familiar with and accep Chapter 608, F.S. Or, if this doc address, I hereby confirm that the	as registered agent of statutes relative to the of the obligations of n nument is being filed t e limited liability con	and agree to act in this come proper and complete in position as registered in merely reflect a chang in pany has been notified.	apacity. I further agree to performance of my duties, lagent as provided for in se in the registered office in writing of this change.

(Signature of Registered Agent)

a Mir Bedd