## 06000054026

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: RUONLINENOW.COM, LL (Name of Limit	ted Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
HAUGHEY, R.J. 11 ESQ. (Name of Person)	
SIVYER BARLOW & WATSON, P.A. (Firm/Company)	——————————————————————————————————————
100 S. ASHLEY DRIVE SUITE 2150	AM 10: 56
(Address)	
TAMPA, FL. 33607 (City/State and Zip Code)	
For further information concerning this matter, p	lease call:
HAUGHEY, R.J. II ESQ at (	(813 ) 221-4242
(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 an	nount:
\$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: RUONLINENOW.COM, LLC		·
2. The mailing address of the limited liability company is: 8413 LAUREL FAIR CIR	•	
TAMPA, FL. 33610		
05/24/2006 L06000054026		
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 re Florida Department of State:	cords of the	3
HAUGHEY, R.J. II ESQ. Name		
100 S ASHLEY DRIVE SUITE 2150		
Address	0	므
TAMPA, FL. 33602 City, State and Zip	7 .	SEC
6. The name and address of the new registered agent and/or office:	81 NUL 70	
HAUGHEY, R.J. II ESQ		202 54,45
Name 401 E JACKSON STREET SUITE 2225	AM 10: 56	Y OF STAT
Florida street address (P.O. Box NOT acceptable)	90	SNOI
TAMPA FL 33602	_	
City, State and Zip		
If the limited liability company is not organized under the laws of the State of Florida, is confirmed that after the change or changes are made, the Florida street address of the read the business office of the registered agent will be identical. Or, in the case of a Flo liability company, it is hereby confirmed that the change(s) was/were authorized by an of the members of the limited liability company or as otherwise provided in the articles or the oferating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)	egistered off rida limited	fice   vote ation
Glenn Yearson (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performand I am familiar with and accept the obligations of my position as registered agent as Chapter 608, F.S. Or, if this dogument is being filed to merely reflect a change in the raddress, I hereby confirm that the limited liability company has been notified in writing	I further ag nce of my d provided fo egistered of g of this cha	ree to uties, or in ffice nge.

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

(Signature of Registered Agent)