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## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJE	UBJECT: BLASING ENTERPRISES, LLC		
		ted Liability Company)	
Dear Sin	or Madam:		
The enc	losed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this	matter to the following:	
	MARINE DE L'OLE CO	06 AUG -1 AM 8: 53 RECRETARY OF STATE FALLAHASSEE FLORID	
	William J. Blasing	Po <b>E</b>	
	(Name of Person)	ART	
	Blasing Enterprises, LLC	\$100 E	
	(Firm/Company)	THE CO.	
		OFFICE SE	
	307 N. Roosevelt St.	<b>*</b> "	
	(Address)	<del></del>	
	Wichita, KS 67208		
	(City/State and Zip Code)	<del></del>	
For furth	ner information concerning this matter, pl	lease call:	
	William J. Blasing at (	761-1177	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
R E C 2	TREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassec, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
I	Enclosed is a check for the following an	nount:	
[·	\$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. **BLASING ENTERPRISES, LLC** 1. The name of the limited liability company is: \_ 2. The mailing address of the limited liability company is: 307 N. Roosevelt St. Wichita, KS 67208 L06000055775 5-25-2006 Date of filing/registration in Florida 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: Patrick D. Hall Name 365 Sarasota Center Blvd - Suite A-1 Address Sarasota, FL 34240 City, State and Zip 6. The name and address of the new registered agent and/or office: Belinda M. Brooks c/o ProHome Pensacola Name 5113 N. Davis Hwy - Suite 3 Florida street address (P.O. Box NOT acceptable) Pensacola FI, 32503 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.

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, 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 Agenti

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