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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: D+ Y Enterprises, L (Name of Limited L	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
DAVID Wilson (Name of Person)	
(Firm/Company)	
3857 Turtle Run Blud Apt 21 (Address)	AR R
Coral Springs, Fl 33067 (City/State and Zip Code)	T 24 AM 10: 50 ETARY OF STATE HASSEE, FLORIC
For further information concerning this matter, please c	all:
Name of Person) at (95)	54) 588- 2350 ca Code & Daytime Telephone Number)
Registration Section F Division of Corporations I Clifton Building F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	:
M \$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. Name of the limited liability company:	Enterprises, LLC
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 3857 Turtle Run Blud Apt 2116 Coral Springs, Fl 33067
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5Ame
5-30-2006	LO6 000057080
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	David I. Wilson
Registered Office Address:	Murgate , Fl. 33063
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	David I. Wilson
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Coral springs , FE 330(37)
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.	eet address of the registered office and the business case of a Florida limited liability company. It is by an affirmative vote of the members of the limited
(Signature of a member or authorized representative of a member)	<u> </u>
Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notificed.	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I are registered agent as provided for in Chapter 608, is change in the registered office address, I hereby ed in writing of this change.

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