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DIVISION OF CORPORATIONS

J. BRYAN AUG 2 2 2006

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SHINY OBJECTS, LLC (Name of Limited	Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
STANLEY E. POND, ESQ. (Name of Person)	
LAW OFFICES OF STANLEY E. POND (Firm/Company)	OG AUG 21 PM 2: 14
509 LAGOON DRIVE	PM 2: 14
(Address)	
SANIBEL, FL 33957	Ψ
(City/State and Zip Code)	
For further information concerning this matter, plea	ase cali:
STANLEY E. POND, ESQ. at (2)	39 ₎ 472-4020
(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 amo	unt:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

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.

	oj 2 50,			
1. The name of the limit	ed liability compa	my is: SHINY OB.	ECTS, LLC	
2. The mailing address of	of the limited liabi	lity company is:	1997 PERIWINKLE WAY,	SANIBEL, FL, US 33957
		-		
JUNE 12, 2006		·····	L06000059433	
	tion in Planida			
3. Date of filing/registra	tion in Fiorida		4. Document number	
5. The name of the regist Florida Department of		e registered office	address as shown on the r	ecords of the
•	STANLEY E.	POND		
		Name	<u> </u>	- - +
	12670 NEW BF	RITTANY BLVD.,	SUITE 101	
		Address		
FORT MYERS, FL 33907				
		City, State and Z	ip	8 3 2 3
6. The name and address	of the new registe	ered agent and/or	office:	IVISION OF CORPOR
	STANLEY E. P	OND, ESQ.		21 95
	<u> </u>	Name		-P 200
	509 LAGOON D	RIVE		S OS
	Florida street a	ddress (P.O. Box	NOT acceptable)	RATIO 2: 1
				F 8."
	SANIBEL	FL 339		
	(City, State and Zip)	
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement.	mpany is not orga- change or changes f the registered ag- ereby confirmed the mited liability con- ent of the limited l	nized under the later made, the Florent will be identified the change(s) inpany or as other iability company.	wws of the State of Florida, prida street address of the real. Or, in the case of a Flowas/were authorized by an wise provided in the article	it is hereby egistered office orda limited affirmative vote of organization
(Signature of a member or autho	rized representative of	member)	·	· · · · · · · · · · · · · · · · · · ·
7		,		
STANLEY E. POND, ESC				
(Printed or typed name of signee	•		,	G2 79
Stancer 3	pintment as registe ns of all statutes r nd accept the obli this document is l rthat the limited l	ered agent and ag elative to the pro gations of my pos being filed to mer liability company	ree to act in this capacity. per and complete performa ition as registered agent as ely reflect a change in the has been notified in writin	I further agree to mee of my duties, provided for in registered office g of this change.
(Signature of Registered Agent)				

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

INHS18 (8/05)