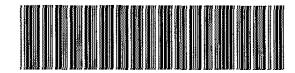
## L06000060638

(Re	questor's Name)	
(2.4	due e - \	
(Ad	dress)	
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•	,	
(Cit	y/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	sin <b>ess</b> Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,		

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SEGNETARY OF STATIOHS ON STP 22 PM 2: 07

J. BRYAN SEP 2.5 2006

## **COVER LETTER**

INHS18 (8/05)

TO: Registration Section Division of Corporations	- -
SUBJECT: Off Pink (Name of Limite	t, LLC ed Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Marilyn Pinkerman (Name of Person)	DIVISION SECON
RE/MAX 2000	
(Firm/Company)	22 GATE
2295 Pineda Cswy, Ste. 122	O6 SEP 22 PM 2: 0
(Address)	- 3
Melbourne, Florida 32940	
(City/State and Zip Code)	
For further information concerning this matter, ple	rase call:
Marilyn Pinkerman at (at (	(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 am	ount:
<b></b> ✓ \$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 liab	ility company is: Off I	Pink, LLC			
2. The mailing address of the li	mited liability compar	y is :	·		
2955 Pineda Causeway, Ste.	122, Melbourne, Fl.	32940			
June 14, 2006		- L06000060638			
3. Date of filing/registration in	Florida	4. Document number			
5. The name of the registered ag Florida Department of State:	ent and the registered	office address as shown on the reco	ords of the		
	Marilyn Pir				
	Nam 1944 Bayh				
	Addre		<u> </u>		
	Viera, Florida 32940				
City, State and Zip					
Address  Viera, Florida 32940  City, State and Zip  6. The name and address of the new registered agent and/or office:					
Marilyn Pinkerman 고 중국					
Name 😕 🖼					
	3324 Gurrero		9		
rior	da street address (P.O	. Box NOT acceptable)	•		
	Melbourne FL	32940			
	City, State a	nd Zip			
confirmed that after the change of and the business office of the regliability company, it is hereby co	or changes are made, the changes are made, the interest agent will be interest that the change in th	the laws of the State of Florida, it in Florida street address of the region dentical. Or, in the case of a Florida ge(s) was/were authorized by an affortherwise provided in the articles opany.	stered office la limited firmative vote		
(Signature of a member or authorized repr	esentative of a member)	····			
Marilyn Pinkerman	<u> </u>				
(Printed or typed name of signee)		·			
I hereby accept the appointment comply with the provisions of all and I am familiar with and accept that the confirm that the confirmation of Registered Agent)	t as registered agent a statutes relative to the statutes relative to the statutes of mument is being filed to be limited liability completely.	nd agree to act in this capacity. If a proper and complete performance of position as registered agent as propertion as registered agent as propertion as reflect a change in the region of the pany has been notified in writing of	urther agree to ? of my duties, ovided for in istered office f this change.		

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