## L060000003080

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DIVISION OF CORPORATIONS
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## **COVER LETTER**

\$25 Filing Fee	\$55 Filing Fee & Certified Copy			
Enclosed is a check for the following	ng amount:			
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			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Helen Pagett	_at (407 ) 398 2112			
For further information concerning this matt	ter, please call:			
(City/State and Zip Code)				
Orlando, Florida, 32819				
8810 Commodity Circle suite # 7  (Address)	P. I.			
Pagett Enterprises LLC (Firm/Company)	OT AUG 10 PM 1: 06			
	OT VIS			
Helen Pagett (Name of Person)				
Please return all correspondence concerning	this matter to the following:			
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.			
Dear Sir or Madam:				
(Name of I	Limited Liability Company)			
SUBJECT: Pagett Enterprises LLC				
TO: Registration Section Division of Corporations				

## 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 limite	ed liability comp	oany is: Pagett Enterpr	rises LLC		
2. The mailing address o	f the limited liab	oility company is : 88	310 Commodity Circle	suite # 7	
Orlando, Florida, 32819					
June 21st 2006			L06000063080		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of		he registered office a	ddress as shown on t	the records of the	
	Helen Pagett				
	9160 Sup Dale	Name			
	8169 Sun Pair	Address		O DIV	
Kissimmee, Florida, 3474		orida, 34747		isecr isic	
		City, State and Zip	)	S REAL	
6. The name and address	of the new regis	stered agent and/or of	ffice:	0 82F	
	Helen Pagett			FILED STATENS IVISION OF CORPORATIONS O7 AUG 10 PM 1:06	
		Name		三部	
8810 Commodity Circle suite # 7		(OM)	<b>36</b>		
	Florida street	address (P.O. Box N	OT acceptable)		
	Orlando	FL 32819	)		
		City, State and Zip			
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement when the company and the company of the line of the members of the line or the operating agreement when the company and the company and the company of the comp	change or change of the registered a creby confirmed nited liability cont of the limited	es are made, the Floringent will be identicathat the change(s) was ompany or as otherwill liability company.	ida street address of a l. Or, in the case of as/were authorized b	the registered office a Florida limited by an affirmative vote	
(Printed or typed name of signee I hereby accept the apportant I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	7		ee to act in this capa er and complete perfi ion as registered age y reflect a change in as been notified in w	city. I further agree to ormance of my duties, ont as provided for in the registered office riling of this change	
(Signature of Registered Agent)	<u> </u>				

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