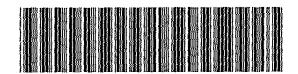
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SECRETARY OF STATE
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COVER LETTER ·

TO: Registration Section Division of Corporations		
SUBJECT: Luna Law Firm, LLC (Name of Limited	l 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:	
Ernesto L. Luna, Esq.		
(Name of Person)	**************************************	
Luna Law Firm, LLC		
(Firm/Company)	- market and the second	
(, , , , , , , , , , , , , , , , , ,	S 200	
700 N. Wickham Rd., Suite 110 PO Box ε.		
(Address)	is $\frac{\Delta}{2}$	
	m~	
Melbourne, FL 32935	<u> </u>	
(City/State and Zip Code)		
(<u>-</u>	SECRETARY OF STATE ALLAHASSEE, FLORID	
For further information concerning this matter, plea	ase call:	
Ernesto L. Luna, Esq. at (3) 243-0420	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amo	ount:	
. · · □\$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.

1. The name of the limited liability comp	oany is: Luna Law F	rm, LLC		 *
2. The mailing address of the limited liab	oility company is:	700 N. Wickham Rd., Su	ite 110, PO Box	<u>E.Z.</u>
Melbourne, FL 32935			· · · ·	
June 27, 2006		L06000065291	÷	
3. Date of filing/registration in Florida		4. Document number		 ,
5. The name of the registered agent and the Florida Department of State:	he registered office	address as shown on the	ne records of the	
Emesto L. Lu	ına, Esq.		70 20	
700 N. Wickha	Name am Rd., Suite 110, Address	POBOR EZ	2006 JUL 31 PM 1:54 SECRETARY OF STATE TALLAHASSEE, FLORID	
Melbourne, FL			ASS ASS 1838	
	City, State and Z	i p	<u> </u>	
6. The name and address of the new regis	tered agent and/or	office:	ST.	******
Ernesto L. Lur	na, Esq.	 ,	ALE 24	
700 N. Wickha	Name m Rd., Suite 110_	BOBOX EL		
	address (P.O. Box			
Melbourne	FL 3293	35		
	City, State and Zip	·	· .	
of the limited liability company is not organismed that after the change or change and the business office of the registered a liability company, it is hereby confirmed of the members of the limited liability coor the operating agreement of the limited signature of a member or authorized representative of	is are made, the Flogent will be identice that the change(s) impany or as other liability company.	rida street address of the al. Or, in the case of a was/were authorized by	ne registered offi Florida limited an affirmative v	rote
Emesto L. Luna	 			
(Printed or typed name of signee) I hereby accept the appointment as registromply with the provisions of all statutes and I am familiar with and accept the oblinater 608, F.S. Or, if this document is address, I hereby confirm that the limited (Signature of Registered Agent)	relative to the profi ligations of my posi- being filed to mere liability company	ree to act in this capact er and complete perfor tion as registered agen ly reflect a change in t has been notified in wr	ity. I further agr mance of my dui t as provided for he registered off iting of this chan	ee to ties, in ice ge.
(naturation of tentimenter catterial	· 3 F		** .	-

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

INHS18 (8/05)