L01000099578

Tiffany Houser Requestor's Name)		
271 Meridian Ave		
Apt 402 (Address)		
Miami Beach FL 33139 (City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
0,8/18		





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12/14/06--01014--008 **25.00

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SECRETARY OF STATE 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 limited liability company is:	balance Group, LCC.	
2. The mailing address of the limited liability company is: 221 Mendian Ave.		
#402 Miami Bea		
9-15-2006	104000099578	
3. Date of filing/registration in Florida	4. Document number	
Address	Ave #402 1428 West Ave FL 33129 #201	
6. The name and address of the new registered agent and/or of	office:	
Tiffany House Name 221 Merid (an Florida street address (P.O. Box)	NOT acceptable)	
Manu Buch FL 2 State and Zip	23131	
If the limited liability company is not organized under the lar confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) wo of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. (Signature of a member of authorized representative of a member)		
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent and agreements with the provisions of all statutes relative to the propand I am familiar with and accept the obligations of my position Chapter 608, F.S. Or, if this document is being filed to mere address, thereby confirm that the limited liability company is	ree to act in this capacity. I further agree to er and complete performance of my duties, tion as registered agent as provided for in ly reflect a change in the registered office has been notified in writing of this change.	
(Signature of Registered Agent)	6 DE	
Division of Corporations, P.O. Box 6327	/, Tallahassee, FL 32314 😽 🖼	

FILING FEE: \$25.00

INHS18 (8/05)