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## REGISTERED AGENT CHANGE

## SCRATCH DOCTORS LLC.

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M. THOMAS

JAN 13 2009

**EXAMINER** 

## 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. Name of the limited liability company:	ATCH DOCTORS, LLC
<ol> <li>(a) Principal office address of limited liability compations: <u>MUST BE STREET ADDRESS</u>)</li> </ol>	ny: 1990 N.E. 163 ST. #207 NULTH MIAMI BEACH, FI 33/62
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O.BOX 650127 DAVIE EL 33355
10/25/06	L0600/03675
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	
Registered Agent:	JUSHUA M. LOSANDICH
Registered Office Address:	1501 SOUTH OCEAN BLVD. # 116 LAUDERDALE BY THE SEA, FI 33062
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	CW Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1990 N.E. 163 ST. # 207 POLTE MIRMI BEACH FL 33/62
If the limited liability company is not organized under the that after the change or changes are made, the Florida streoffice of the registered agent will be identical. Or, in the nereby confirmed that the change(s) was/were authorized iability company or as otherwise provided in the articles dimited liability company.	et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
Significance of a member or authorized representative of a member)	_
Printed or typed name of signee)	<del></del>
I hereby accept the appointment as registered agent and somply with the provisions of all statutes relative to the provisions of all statutes relative to the provision formular with and accept the obligations of my position is. Or, if this document is being filed to merely reflect a sampling has been notified.	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I as registered agent as proyided for in Chapler 508, change in the registered office address, I hereby id in Writing of this change.

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

INHS18 (05/08)

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