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SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

T. HAMPTON

MAR 1 1 2008

**EXAMINER** 

## **COVER LETTER**

	1		
TO: Registration Section Division of Corporations			
CCDCDC1:	LD VENTURES LLC mited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning the	his matter to the following:		
WILLIAM T. KOYE	EZ		
UD VENTURES (Firm/Company)	LC		
Po Box 16466 (Address)			
JACKSON YILLE FLORID  (City/State and Zip Code)	A 32245-6466		
For further information concerning this matter, please call:			
(Name of Person)	at (904) 721 - 7682 (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	<i>,</i> , , , , , , , , , , , , , , , , , ,		
\$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 liability company is:	LD VENTURES	LLC .	
2. The mailing address of the limited liability company is	PO BOX 164	66	
JACKSONYILLE FLOZIDA			
11/15/06	L060001	_	
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the registered offi Florida Department of State:  KAREL OUR Name  4925 BEACH Address  JACKSONYIUE F City, State and	EDNIK IV, ESQ	,	
6. The name and address of the new registered agent and/o  WILLIAM T.  16 LAMSON ST.  Florida street address (P.O. Bo  JACKSONVILE, FL  City, State and Z	or office:  KOYEE	SECRETARY OF STATE IVISION OF CORPORATIONS  ON MAR 10 PM 3: 28	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  (Signature of a member of authors as authors as a member)			
WILLIAM T. KO VER (Printed or typed name of signer)	<del></del>		
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the prand I am familiary than the supplement is being filed to me address. I hereby continuity the limited liability company (Signature of Register, 1900).	igree to act in this capacity. I for oper and complete performance is it in as registered agent as proved reflect a change in the regive has been notified in writing of	urther agree to e of my duties, ovided for in istered office f this change.	
(Division Corporations, P.O. Box 63	327, Tallahassee, FL 32314		

**FILING FEE: \$25.00**