LD6000116290

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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
Special matructions to 1 ming Officer.				
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Office Use Only



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SECRETARY OF STATE
TAIL AHASSEE, FLORIO

D. BRUCE
MAY 2.7 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Court Release (Name of Limited)	Services, LLC Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Jade Toback (Name of Person) (Firm/Company) 1000 N.W. 14 St. (Address)	08 MAY 23 PM 2: 22 SECRETARY OF STATE TALLAHASSEE. FLORIO
Mami, Fl 33136 (City/State and Zip Code)	→
For further information concerning this matter, please	call:
	ea 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 amoun	t:
\$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.	Name of the limited liability company: <u>Court</u>	- Release Services, UC
2.	(a). Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	Miami, Fl 33136
	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1000 N.W. 14 St MIAMI, Fl 33136
3 .	12/06/2006 Date of filing/registration in Florida	L06000116290 4. Document number
5.	(a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
	Registered Agent:	
	Registered Office Address:	1202 Hays Street To Tallahassee FE 32301
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u> <u>NEW</u> Registered Agent:	NEW Registered Office address: 52 2 0 Charles Faiblech
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1000 N.W. 14 5+ Miami ,FL 33136
tha off her lial lim	at after the change or changes are made, the Florida since of the registered agent will be identical. Or, in the reby confirmed that the change(s) was/were authorized bility company or as otherwise provided in the article interview in the interview of a member or authorized representative of a member)	ed by an affirmative vote of the members of the limited
-	Ken Studley inted or typed name of signee)	
	ignature of Registered Agent)	nd agree to act in this capacity. I further agree to a proper and complete performance of my duties, and I tion as registered agent as provided for in Chapter 608 tachange in the registered office address, I hereby ified in writing of this change.
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00