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SECRETARY OF SIATEONS
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: 2957	Lic			
	imited Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
RAY WINDSOR (Name of Person)	·			
(Name of Person)				
29 ST LLC	•			
(Firm/Company)	· ·			
	•			
240 Tonewwood (Address)	AUE			
	• •			
PLANDAMON, FL	3332,			
(City/State and Zip Code)				
Parkinghan in Campaian	1 11			
For further information concerning this matte	er, please call:			
RAY WINDSOR	at (954) 274 - 1196			
(Name of Person)	(Area Code & Daytime Telephone Number			
	·•			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: 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 followin	g amount:			
U\$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: 295	r LLC	•
2. The mailing address of the limited liability	company is: 246	TORUBA	IND AVE.
PLANOTON,	FZ 33324		•
2/20/2007		•	1434
3. Date of filing/registration in Florida	4. Docu	iment number	
5. The name of the registered agent and the re- Florida Department of State:	gistered office address a	as shown on the re	cords of the
1201	Name HAUC ST	,	
TAUA	Name HAYS ST Address WASSEE, FL ty, State and Zip	32031	SECRETARY DIVISION, OF C
6. The name and address of the new registered			ON -
Florida street addr	Name Sacowood Ar ess (P.O. Box NOT acc	eptable)	ILED STATE RY OF S
P CAMPADO N City	FL 33321 , State and Zip	<u> </u>	-
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that of the members of the limited liability compa or the operating agreement of the limited liability company.	e made, the Florida stree will be identical. Or, in the change(s) was/were ny or as otherwise provality company.	et address of the re in the case of a Flo authorized by an	egistered office orida limited affirmative vote
(Signature of a member or authorized representative of a me RAYMOND M	W/WDCon		
(Printed or typed name of signed)			
I hereby accept the appointment as registered comply with the provisions of all statutes related and I am familiar with and accept the obligate. Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liable (Signature of Registered Agent)	ions of my position as reng filed to merely reflect illity company has been	egistered agent as t a change in the r notified in writing	s provided for in registered office g of this change.
Division of Corporations,	P.O. Box 6327, Tallah	assee, FL 32314	,

FILING FEE: \$25.00