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| (R | equestor's Name) | | | |
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| PICK-UP | WAIT | MAIL | | |
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| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|---|--|-------------|---|--|
| · | · | | | |
| SUBJE | UBJECT: EuroAmerican IP, LLC dba Burn-B Gone | | | |
| | Name of | Limited | Liability Company | |
| Dear Si | r or Madam: | | | |
| The end | losed Registered Agent/Registered | Office C | Change and fee(s) are submitted for filing. | |
| Please r | eturn all correspondence concerning | this ma | atter to the following: | |
| | Debra J Paul | | | |
| | Name of Person | | | |
| | | | | |
| | EuroAmerican IP, LLC | | | |
| | Firm/Company | | | |
| | | | • | |
| | PO Box 5144 | | | |
| | Address | | | |
| | | | | |
| | Lighthouse Point, FL 3307 | 4 | , | |
| | City/State and Zip Code | | ************************************** | |
| | | | | |
| | debrajpaul@bellsouth.net | | | |
| debrajpaul@bellsouth.net E-mail address: (to be used for future annual report notification) | | | | |
| For furt | her information concerning this mat | ter, pleas | se call: | |
| | Debra J Paul | at (| 954) 977-2929 | |
| | Name of Person | | Area Code & Daytime Telephone Number | |
| 5 | STREET/COURIER ADDRESS: | | MAILING ADDRESS: | |
| | Registration Section | | Registration Section | |
| | Division of Corporations | | Division of Corporations | |
| | Clifton Building | | P.O. Box 6327 | |
| | 2661 Executive Center Circle | | Tallahassee, Florida-32314 | |
| | Fallahassee, Florida 32301 | | | |
| I | Enclosed is a check for the following | ng amou | unt: | |
| V | 2 \$25 Filing Fee | Ţ | \$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.

| Name of the limited liability company: | EuroAmerican IP, LLC |
|--|--|
| 2. (a) Principal office address of limited liability com | npany: 2520 NW 16 Lane |
| (Note: MUST BE STREET ADDRESS) | Bay 12 Pompano Beach, FL 33064 |
| (b) Mailing address of limited liability company: | EuroAmerican IP, LLC |
| (Note: MAY BE POST OFFICE BOX) | PO Box 5144 Lighthouse Point, FL 33074 |
| March 27, 2007 | L07000032623 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shows | n on the records of the Florida Dept. of State: |
| Registered Agent: | Debra J Paul |
| Registered Office Address: | 750 E Sample Rd Building 2 Suite 102 & 1035 Pompano Beach, FL 33064 |
| (b) Enter name of NEW Registered Agent and/or | NEW Registered Office address |
| <u>NEW</u> Registered Agent: | Debra J Paul |
| <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 2520 NW 16 Lane 55 Bay 12 Pompano Beach ,FL 33064 |
| If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be included it is being the members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company. Debra J Paul Printed or typed name of signee I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the configurations of member of the limited liability company. I hereby confirm that the limited liability company. | he Florida street address of the registered office identical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization pany. |

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

Signature of Registered Agen