## L07000036430

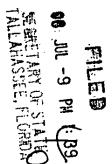
(Requestor's Name)		
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(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiness Littly Name)		
(Document Number)		
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Change

L07-36430

N. CAUSSEAUX

JUL 1 0 2008

**EXAMINER** 

## **COVER LETTER**

Enclosed is a check for the followi	ing amount:  \$55 Filing Fee & Certified Copy
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
(Name of Person)	(Area Code & Daytime Telephone Number)
David J. Kurland, Esquire	at ( <u>727</u> ) <u>461-3555</u>
For further information concerning this mat	tter, please call:
(City/State and Zip Code)	
Largo, FL 33770-4470	
(Address)	
850 Clearwater-Largo Road SW	and the second of the second o
(Firm/Company).	
Law Office of David J. Kurland	
(Name of Person)	
David J. Kurland, Esquire	
Please return all correspondence concerning	g this matter to the following:
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Dear Sir or Madam:	
D 0' 1/1	
SUBJECT: N.O.H.O. Limo LLC (Name	of Limited Liability Company)
TO: Registration Section Division of Corporations	

## 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: N.O.H.O. I	imo LLC p	
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 525 Tennessee Ave Crystal Beach, FL 34681	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Post Office Box 1069 Crystal Beach, FL 34681	
, A# = 2007		
April 5, 2007  3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State.	
Registered Agent:	Paul Scagnelli	
Registered Office Address:	525 Tennessee Ave Crystal Beach, FL 34681	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	David J. Kurland, Esquire  Law Office of David J. Kurland  850 Clearwater-Largo Road SW  Largo  Largo  Largo	
If the limited liability company is not organized under the that after the change or changes are made, the Florida strength office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member or authorized representative of a member)	cet address of the registered office and the business	
Paul Scagnelli (Printed or kiped name of signec)  I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the pam familiar with and accept the obligations of my pasition F.S. Or, if this document is being filed to merely reflect a confirm that the limited liquidity company has been notification.  (Signature of Registered Agent)	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I need to registered agent as provided for in Chapter 608, when so in the registered office address, I hereby ed in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

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