101000044131

(Requestor's Name)					
(Address)					
((100)000)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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10/23/07--01049--004 **55.00

2007 OCT 23 AM II: 24 SECRETARY OF STATE SECRETARY OF STATE



نتقم	. 3,	COVER L	ETTER	
TO:	Registration Section Division of Corporations			
SUB	JECT: GL MODERN FURNI (Name		ability Company)	
Dear	Sir or Madam:			
The e	enclosed Registered Agent/Registere	ed Office Cha	nge and fee(s) are s	ubmitted for filing.
Pleas	e return all correspondence concern	ning this matte	er to the following:	
HAN	NAN ASSAYAG (Name of Person)	*** *********************************		
<u>GL</u> (MODERN FURNITURE (Firm/Company)			
<u>291</u>	VIA NARANJA SUITE 45-A	ı		
вос	(Address) CA RATON, FL 33432			200 SE
	(City/State and Zip Code)			2007 OCT 23 SECRETARY TALLAHASS
For fi	urther information concerning this r	natter, please	call:	AM .
HAN	(Name of Person)	at (<u>561</u>		Daytime Telephonic Number)
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRE Registration Section Division of Corporati P.O. Box 6327 Tallahassee, Florida	ions

\$25 Filing Fee

Tallahassee, Florida 32301

Enclosed is a check for the following amount:

▼ \$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:	SL MODERN FURNITURE LLC	<u> </u>
2. The mailing address of the limited liability com	pany is: 291 VIA NARANJA	UNIT 45-A
BOCA RATON, FL 33432		
04/25/2007	L07000044131	
3. Date of filing/registration in Florida	4. Document num	iber
5. The name of the registered agent and the register Florida Department of State:	red office address as shown o	on the records of the
PLOTNIK, OFERN	Jama.	
16900 N. BAY ROAL	Name O APT. 911	
	ddress	
SUNNY ISLES BEAC City, St	CH FL 33160 US	
6. The name and address of the new registered ager	-	
HANAN ASSAYAG		
	ime	
291 VIA NARANJA U	P.O. Box NOT acceptable)	
1 lorida street address (i	1.0. Box NOT acceptable)	200 SI TAL
	FL 33432	Z007 OCT SECRET
• ,	te and Zip	
If the limited liability company is not organized un confirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the clof the members of the limited liability company or or the operating agreement of the limited liability of	be identical. Or, in the case hange(s) was/were authorized as otherwise provided in the	of a Florida limited
(Signature of a member of authorized representative of a member)		
(Printed or typed name of signee)	<u>.</u>	
I hereby accept the appointment as registered age comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of Signature of Registered 1860.	nt and agree to act in this ca o the proper and complete pe of my position as registered a ed to merely reflect a change company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.

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