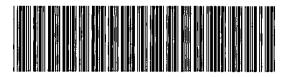
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WILLIAM M. JONES & Requestor's Name) POBOX 140622 (Address)	<u>)</u> v
PO BOX 140622	
(Address)	
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Gainesuile Fl. 32618 (City/State/Zip/Phone #)	4
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SECRETARY OF STATE
SECRETARY OF STATE

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.

organi, or com, or ore	z sy i tortena		•
		Color Creaturs L	
2. The mailing address o	f the limited liability com	ipany is : <u><i>P. O. Box 14</i></u>	0622
Gainesville, F.	1. 32614		·
6/29/07 3. Date of filing/registrat		4. Document nu	0 6 8 3 2 6 mber
5. The name of the register Florida Department of	Ctata	red office address as shown NES Tr. Name Or. ddress 32641 tate and Zip	- -
6. The name and address			TOEC 14 ALLAHASS
	Florida street address (Williston City, Star	P.O. Box NOT acceptable) FL 32696 te and Zip	AH 9: 26 YOF STATE SEE FLORIDA
confirmed that after the cland the business office of liability company, it is he	hange or changes are made the registered agent will reby confirmed that the content is a subject to the limited liability of the limited liability of the limited liability of a member)	der the laws of the State of de, the Florida street address be identical. Or, in the case hange(s) was/were authorized as otherwise provided in the company.	of the registered office of a Florida limited ed by an affirmative vote
(Printed or typed name of signee)			
I hereby accept the appo- comply with the provision and I am familiar with an Chapter 608, F.S. Or, if a addjess, I hereby confirm (Signature of Registered Agent)	intment as registered age ns of all statules relative to d accept the obligations of this document is being file thafthe limited liability of	nt and agree to act in this control of the proper and complete post in this control of the proper and complete post in this control of the property reflect a chang company has been notified in	apacity. I further agree to erformance of my duties, agent as provided for in e in the registered office in writing of this change.

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