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THE STATE THE STATE THE STATE OF CORPORATIONS

J. BRYAN

MAY - 6 2008

EXAMINER

COVER LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: PHONE XP8 L	Liability Company)	
(Name of Limited	Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Julake N HUGHES		
DTNAMIC FNUESTM. (Firm/Company)	ENTSIDE OF CO	
$P0B_{0X}28/$ (Address)	PH 4: 03	
CITY/State and Zip Code)	<u>57-0</u> 381	
For further information concerning this matter, plea	ase call:	
(Name of Person) at (737 58/-9103 at 137-4/23-2228 (Area Code & Daytime Telephone Number)	
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	
Enclosed is a check for the following amo	unt:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Parsuant to the provisions of sections 608.416 or 608.508, Florida Statutes, liability company submits the following statement in order to change its registe agent, or both, in the State of Florida.	ereu office or registeren
1. The name of the limited liability company is:	120
2. The mailing address of the limited liability company is: 10 Box	<u> 28/ </u>
CIEARWATER, FL 33757-02	8/
6/ /n7 L07000	107/723
3. Date of filing/registration in Florida 4. Document numb	ær
5. The name of the registered agent and the registered office address as shown or Florida Department of State: ALARIE STOKER LITSCHOI Name 60 BAYSHORE BLUD. STE 100 Address	the records of the
Address TAMPA, FL 33606 City, State and Zip	OR MAY 80
6. The name and address of the new registered agent and/or office:	FIAR OF C
JUARREN HUGHES Name Name Name Name	Y OF STATE CORPORATION PM 4: 03
Florida street address (P.O. Box NOT acceptable))3
CIFARWATER FL 33 756 City, State and Zip	
If the limited liability company is not organized under the laws of the State of Floconfirmed that after the change or changes are made, the Florida street address of and the business office of the registered agent will be identical. Or, in the case of liability company, it is hereby confirmed that the change(s) was/were authorized of the members of the limited liability company or as otherwise provided in the action of the limited liability company.	orida, it is hereby f the registered office f a Florida limited by an affirmative vote articles of organization
(Signature of a member or authorized representative of a member)	
ERMA EVERSOIE	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this cape comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligations of my position as registered age chapter 608, F.S. Or, if this document is being filed to merely reflect a change is address. I hereby confirm that the limited liability company has been notified in v	acity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.
(Signature of Registered Agent)	

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