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COVER LETTER

Registration Section Division of Corporations			
SUBJECT: SUBJECT: Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.		
Please return all correspondence concerning this matt	ter to the following:		
Charles Waddell Name of Person			
Jyluzindy "LLC" Firm/Company	<u>'/</u>		
325 S. Orange Ave, 41-6			
Winter Park, FL 32 City/State and Zip Code	789		
Waddellpholo OMAC, LOW E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Charles World at (4)	107 242-7210 Arca 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 amount:			
∑l\$25 Filing Fee	\$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 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	<u>.</u>
1. Name of the limited liability company: \(\sum_{\lambda} \lambda \l	indy 22C
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	1-6 Winter Park, FL 32789
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
10/03/2007	407000 108 20/-11
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept of State:
Registered Agent:	Jybyzkan Jones
Registered Office Address:	325 S. Drange ABE. 33
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u>	Charles Waddell
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5100 Glasgow Hre.
	<u>Orlando</u> , FL 32819
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
TuliA Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my post-chapter 608, F.S. Or, if this document is being filed to me address, I bereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

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