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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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(Document Number)	
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SECRETARY OF STATE
ALLAHASSEE, FLORINA

T I I I I



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:	474 STREET LLC
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	19: 10:09/ 1332 STREET NORTH SEMINOLE FL 33776
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	10091 13322 STREET NORTH SEMINOLE FL 33776
11-05-2007	L070001/1694
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:	ROUHANI, PERRY S
Registered Office Address:	SEMINOLE FL BOSTELL NORTH
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address: 2
NEW Registered Agent:	LAMES M UFFERCE TO
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2/50 D/AMONDEC #.
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	laws of the State of Florida, it is hereby confirmed et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating agreement of the

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent)

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