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

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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations							
SUB.		/aughn Ir						
	Name	of Limited	Liabi	lity (Company			
Dear	Sir or Madam:							
The e	enclosed Registered Agent/Register	red Office C	Change	and	I fee(s) are submitted	l for filing.		
Pleas	e return all correspondence concern	ning this ma	atter to	the	following:			
	Vaughn E. Denard	ł						
	Name of Person							
	Vaughn Investments L	LC						
	Firm/Company							
	409 Sun Lake Circle Ap	t 101	_	_		SECH ALLA	10 0	
	/ rearcos					HAS	CT 19	
	Lake Mary Fl 32746	3		_		?¥@		
	City/State and Zip Code					F ST	FĦ 3:	
vone@vaughneinvestments.com E-mail address: (to be used for future annual report notification)						TIDA	29	
For fi	urther information concerning this	matter, plea	ise call	:				
	Vaughn E. Denard	at (407	_)_	687-44			
	Name of Person			Area	Code & Daytime Telephor	ne Number		
	STREET/COURIER ADDRESS:				NG ADDRESS:			
	Registration Section Division of Corporations				ntion Section of Corporations			
	Clifton Building				x 6327			
	2661 Executive Center Circle				ssee, Florida 32314			
	Tallahassee, Florida 32301							
	Enclosed is a check for the follo	owing amo	unt:					
	\$25 Filing Fee		\$5	55 F	iling Fee & Certified	l Сору		

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:	Vaughn Investments LLC						
2. (a) Principal office address of limited liability company	409 Sun Lake Circle Apt 101						
(Note: MUST BE STREET ADDRESS)	Lake Mary Fl 32746						
(b) Mailing address of limited liability company:	Vaughn Investments LLC						
(Note: MAY BE POST OFFICE BOX)	P.O. Box 1106 Sanford FL 32772						
01/14/2008	L08000004939						
3. Date of filing/registration in Florida	4. Document number						
. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
Registered Agent:	Vaughn E. Denard						
Registered Office Address:	409 Sun Lake Circle Apt 01 Single Lake Mary Fl 32746						
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address & & \times \text{NEW} Registered Agent: \text{Vaughn E. Denard}							
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	793 Creek Water Terrace Apt 205 Lake Mary ,FL32746						
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company. Signature of a member of authorized representative of a member Vaughn E. Denard							
Vhereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my pochapter 608, F/S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office 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							