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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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T. CLINE

JUN 26 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: LA CHOZA, LLC (Name	of Limited	Liab	ility Company)		
Dear Sir or Madam:					
The enclosed Registered Agent/Registered (Office Char	നമ വ	nd fee(s) are submitted for fili	na	
			`,	ng.	
Please return all correspondence concerning	this matter	to th	ne following:		
			•		
SONYA B. STRIKOWSKI					
(Name of Person)					
1 A CHOZA 11 C					
LA CHOZA, LLC (Firm/Company)			•		
1360 SOUTH OCEAN BOULEVARD #2001				TAL SE	
(Address)			•	2000 JUN 25 SECRETARY TALLAHASSE	******
				N 25	hindran.
POMPANO BEACH, FL 33062				1 53 1 7	1
(City/State and Zip Code)				775	7
				AH 10: 55 OF STATE EE, FLORIDA	
For further information concerning this matt	ter, please o	all:		Jen Ci	
SONYA B. STRIKOWSKI	at (954) 545-9478		
(Name of Person)			ode & Daytime Telephone Nur	mber)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	!	Regis Divisi P.O. I	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314		
Enclosed is a check for the following	ng amount	:	ı		
		\$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 608.508, 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.

in the Blate of Fiorial.	
1. Name of the limited liability company: <u>LA CHOZA</u> ,	LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	POMPANO BEACH, FL 33062
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1360 SOUTH OCEAN BOULEVARD #2001 POMPANO BEACH, FL 33062
04/03/2008	L08000034040
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	THE LAW OFFICES OF NICK SPRADLIN
Registered Office Address:	12000 N DALE MABRY HIGHWAY #110 TAMPA, FL 33618
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
NEW Registered Agent:	SONYA B. STRIKOWSKI
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1360 SOUTH OCEAN BOULEVARD #2001 5
If the limited liability company is not organized under the last after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. **Journal On Trikowski** **Journal On Trikowski	address of the registered office and the business are of a Florida limited liability company, it is an affirmative vote of the members of the limited
(Printed or typed name of signee) I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registered Agent)	eree to act in this capacity. I further agree to sper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.
* * * * * * * * * * * * * * * * * * * *	

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