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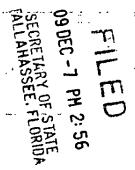
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J. BRYAN

DEC -8 2009

EXAMINER

COVER LETTER

Division of Corporations	
	rcher Associates LLC ed Liability Company
Name of Emme	ed Elability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Shirley Archer Name of Person	
name of Person	
Shirley S Archer Associates	
Firm/Company	SEC SEC
2836 N. Flagler Drive	FILED 9 DEC -7 PM 2: 56 ECRETARY OF STATE ALLAHASSEE. FLORIDI
	PH 2: 56 PH 2: 56 SEE, FLORID
West Palm Beach, FL 33407	
City/State and Zip Code	REE SE
Shirley@shirleyarcher.com E-mail address: (to be used for future annual report notifica	P
E-mail address: (to be used for future annual report notifica	tion)
For further information concerning this matter, pl	lease call:
Shirley Archer at (650) 740-2224
Name of Person	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 an	nount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO:

Registration Section

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.

Name of the limited liability company: Shir	ley S. Archer Associates LLC
2. (a) Principal office address of limited liability company	y: 2836 N. Flagler Drive
(Note: MUST BE STREET ADDRESS)	West Palm Beach, FL 33407
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2836 N. Flagler Drive
	West Palm Beach, FL 33407
June 19, 2008	L08000060535
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:	Shirley S. Archer AS 9
Registered Office Address:	2830 N. Flagler Drive ARE West Palm Beach, FL 33487
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW Registered Agent</u> :	W Registered Office address 7 S Shirley S. Archer
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2836 N. Flagler Drive
If the limited liability company is not organized under the	West Palm Beach ,FL33407
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	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
Signature of a member or authorized representative of a member Shirley S. Archer	_
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 pro and I am familiar with and accept the obligations of my po Chapter 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 oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314

FILING FEE: \$25.00