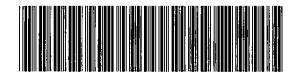
L'08000091619

(Requestor's Name)		
(Address)		
dress)		
(City/State/Zip/Phone #)		
☐ WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
_ Certificates	s of Status	
Special Instructions to Filing Officer:		
	dress) dress) y/State/Zip/Phone WAIT siness Entity Nare cument Number) Certificates	

Office Use Only



000143858010

02/20/09--01011--026 **25.00

2009 FEB 20 PM 3: 31 SECKE JARY OF A SAL TALL AHASSEE, FLORID

34 810 810

C. LEWIS
FEB 2 3 2009
EXAMINER

a second of		
COVE	R LETTER	
TO: Registration Section Division of Corporations		
SUBJECT: B.O.T.H. HOLDINGS, LLC (Name of Limited Liability Company)		
(Name of Limite	ed Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Jean M. Johnson, Esquire (Name of Person)		
B.O.T.H. HOLDZINGS, LLC 136		
111 Ind AVENUE N.E., Surte 356		
ST. PETERS busy, FLORIDA 33701 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (727 , 456-4460	
(Name of Person) (A	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 amount:		
\$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 608.508, 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: B.O.T.H	HOLDINGS LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	III and Aranie Ald
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same as above
September 25, 2008 3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t Registered Agent: Registered Office Address:	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address:	V Registered Office address:
If the limited liability company is not organized under the l	JII AND AVENUE N.E. SUITE 356 57. Petersburg, FL 33701 ave of the State of Florida, it is bereby confirmed
that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	t address of the registered office and the business use of a Florida limited liability company, it is
(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 program familiar with and accept the abligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	- gree to act in this capacity. I further agree to per 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.
(Signature of Registered Agent) Division of Corporations, P.O. Box FILING FEE	6327, Tallahassee, FL 32314

INHS18 (05/08)