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| PICK-UP WAIT MAIL | |
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| (Durings Fakk Name) | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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Office Use Only

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COVER LETTER .

Registration Section
Division of Corporations

TO:

| SUBJECT: NOS SOUCE 1700 (Name of Limited Liability Company) | | |
|---|--|--|
| (Name of Limited Liability Company) | | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| Larry humpfrey (Name of Person) | | |
| Kinsbounce4fun (Firm/Company) | | |
| 3528 mulpto are | | |
| OORIOD PORK, FL 33309 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| (Name of Person) (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 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: | Bounce 4700 |
|---|--|
| 2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>) | 3528 nw 104 are Oaklond Pork +1. 33309 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | Same |
| 3/24/09 3. Date of filing/registration in Florida | L09000028467 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on Registered Agent: Registered Office Address: | the records of the Florida Dept. of State: Robbin to Maldonal Communication of the Florida Dept. of State: State: Robbin to Maldonal Communication of the Florida Dept. florida Dept. of State: |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> (<u>MUST BE FLORIDA STREET ADDRESS</u>) | N Registered Office address: LORRY NUMBER 3528 NUIOHOUR OAKIONAL FI 33380 |
| If the limited liability company is not organized under the latta after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles o limited liability company. (Signature of a member or authorized representative of a member) | aws of the State of Florida, it is hereby confirmed taddress of the registered office and the business are of a Florida limited liability company it is you an affirmative vote of the members of the limited forganization or the operating agreement of the Confirmation of the operation o |
| (Printed or typed time of signee) I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations 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 (Signafire of Registered Agent) | per and complete performance of my dates; and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby |
| Division of Cornerations P O Roy | 6327 Tallahassee FL 32314 |

FILING FEE: \$25.00