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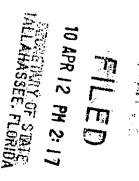
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D. BRUCE
APR 13 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bounce Maniacs 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:
Jennifer Jordan Name of Person
Bounce Maniacs Firm/Company
1731 Smoketree Cir.
Apopka FL 32712 City/State and Zip Code
Jennifer 513007 @ Jahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jennifer Jordan at (321) 304-9969 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 \$\times \text{\$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 liability company submits the following statement in or agent, or both, in the State of Florida.	der to change its registered office or registered
1. Name of the limited liability company:	nce Moniacs
2. (a) Principal office address of limited liability compa	ny:
(Note: MUST BE STREET ADDRESS)	1731 Smoketree Cir. Apopka, FL 32712
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	1731 Smoketree Cir. Apopka, FL 32712
O O O 2 2009 3. Date of filing/registration in Florida	L 09 000055924 4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	Jennifer M. Jordan
Registered Office Address:	1731 Smoketree Cir
	Apopka, FL 32712
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	Michael Jordan
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	711 Longford Loop Apopka FL_32703
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of occanization
Tennifer M. Jordan Printed or typed name of signee	17
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pander 608, F.S. Or, if this document is being filed to address, Lhereby confirm that the limited liability companies of Registered Agent	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office my has been notified in writing of this change.

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