<u>L10000078725</u>

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MA	IL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
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SUBJECT: Ricky's Paradise, LLC 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:			
,			
Brenda Di Ioia			
Name of Person			
Brenda Di loia P.A.			
Firm/Company			
4301 S Flamingo Rd, Ste 106-151	4		
Address			
Davie, FL 33330			
City/State and Zip Code			
hdnalaw@comcast net			
bdpalaw@comcast.net E-mail address: (to be used for future annual report notifical	ion)		
For further information concerning this matter, please call:			
to running morning mas manner, pr			
Brenda Di Ioia at (954) 353-2300		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Registration Section			
Division of Corporations			
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (5/08)

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:	Ricky's Paradise, LLC	
2. (a) Principal office address of limited liability company	4301 N Federal Highway, Ste 1	
(Note: MUST BE STREET ADDRESS)	Pompano Beach, FL 33064	
(b) Mailing address of limited liability company:	same as principal office address	
(Note: MAY BE POST OFFICE BOX)		
7/27/10	L10000078725	
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 Signer	
Registered Agent:	Raul Cepero	
Registered Office Address:	1280 S Powerline Rd, Ste 20 Pompano Beach, FL 33069	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent</u> : <u>Brenda Di loia</u>		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4301 S Flamingo Rd, Ste 106-151	
	Davie ,FL33330	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.		
Signature of a member or authorized representative of a member		
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.		
Signature of Registered Agent		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		

INHS18 (05/08)