L11000054503

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Fall Prevention Conters 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: Allis on Linder man	OINIT
Allison Linderman Name of Person	
Name of Person	į
Fall Prevention Centers LLC Firm/Company	2000
7336 Lake Worth Rd.	
Address	
La Re Worth, FL 33467 City/State and Zip Code	
aa Lobo Q aol. com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Albert Arank at (954) 295-7372	
Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32314	
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$25 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.

agent, or both, in the state of Florida.	
1. Name of the limited liability company: Fall P	revention Centers LLC
2. (a) Principal office address of limited liability compar	$ \sim$ \sim \sim \sim \sim \sim \sim \sim \sim \sim
(Note: MUST BE STREET ADDRESS)	Lake Worth, FL 33467
(b) Mailing address of limited liability company:	P.O. Bux 212261
(Note: MAY BE POST OFFICE BOX)	West Palm Beach, FL 3342
05/09/2011	L11000054503
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	
Registered Agent:	Renec Folts : 3
Registered Office Address:	Loke Worth, Flo 38467
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	Allison Linderman
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Lake Worth, F1 33467
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 identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e laws of the State of Florida, it is hereby Florida street address of the registered office intical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization ny.
Allison Linderman Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in terely reflect a change in the registered office ny has been notified in writing of this change.
Signature of Registered Agent	