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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 320 IndustriESLLC 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:			
Mike Tuck Name of Person			
Firm/Company			
8327 Via Di Vento			
BOCA RATON FL. 33496 City/State and Zip Code			
DH 73338 & GMail-com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Mille Tulk at (954) 274-0226 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 \$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 608.5 liability company submits the following statement in orde agent, or both, in the State of Florida.	r to change its registered office or registered
1. Name of the limited liability company: 320	INDUSTRIES LLC
2. (a) Principal office address of limited liability company	: 2118 N. Ocen DR.
(Note: MUST BE STREET ADDRESS)	Hollywood, FL. 33019
(b) Mailing address of limited liability company:	2118 N. OCEN DR
(Note: MAY BE POST OFFICE BOX)	Hollywood, FL. 33019
6/19/2003	L 12000085050
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 State:
Registered Agent:	Mike TURK
Registered Office Address:	2118 N. OCOAN OR HOLLYWOOD, FL. 33019
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	
NEW Registered Agent:	MicHAel MATTIOLI
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	THE VIOCETY PLINE HIMY WAS JE ,FL 33019
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of a member or authorized representative of a member	_
Mike Tork 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 prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 63 FILING FEE: \$	27, Tallahassee, FL 323142 $_{co}$