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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: ALBAUM/GARTH ENTERPRISES, 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:

SUZANNE GARTH

Name of Person

ALBAUM/GARTH ENTERPRISES, LLC

Firm/Company

870 SAND PINE DRIVE, NE

Address

ST. PETERSBURG, FL 33703

City/State and Zip Code

EGYPT8000@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN STEINMETZ

...727

525-2813

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. N	ame of the limited liability company: ALBAUMGARTH EN	TERPRISES, LLC
2. (a)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	TY: 870 SAND PINE DRIVE, NE ST. PETERSBURG, FL 33703
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	870 SAND PINE DRIVE, NE ST. PETERSBURG, FL 33703
12/03/1	2	L12000151276
3. Da	ate of filing/registration in Florida	4. Document number
5. (a	a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
	Registered Agent:	CORPORATE CREATIONS NETWORK, INC.
	Registered Office Address:	11380 PROSPERITY FAMRS ROAD, #221E
(b)) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	
	NEW Registered Agent:	KAREN L. STEINMETZ, CPA
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5455 4TH STREET NORTH ST. PETERSBURG, FL 33703
	[MUST BE FLORIDA STREET ADDRESS]	,FL
confi and the liabil the m the of	limited liability company is not organized under the rmed that after the change or changes are made, the he business office of the registered agent will be ider ity company, it is hereby confirmed that the change (sembers of the limited liability company or as otherw perating agreement of the limited liability company. Manual Ma	Florida street address of the registered office ntical. Or, in the case of a Florida limited so was/were authorized by an affirmative vote of
SUZAN	NE GARTH	
	d or typed name of signee	_
I her comp and I Chap addre	eby accept the appointment as registered agent and ly with the provisions of all statutes relative to the p am familiar with and accept the obligations of my p ter 608, F.S. Or, if this document is being filed to m ess, 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 erely reflect a change in the registered office ny has been notified in writing of this change.
Signat	ure of Registered Agent	

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