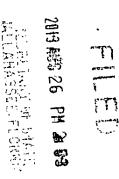
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## **COVER LETTER**

Division of Corporations	
SUBJECT: SNF Public. 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:
James Parola Name of Person	26 PH 2
SNF Publications	
701 SE GHAVE S	vite 102
Delray Beach Florida City/State and Zip Code	, 33483
E-mail address: (to be used for tuture annual report	notification)
For further information concerning this mat	ter, please call:
James Parola Name of Person	at (561) 404 - 9361  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	ing amount.

□ \$55 Filing Fee & Certified Copy

**■** \$25 Filing Fee