19900000610

(Requestor's Name)		
Dough Enterprises LLC 320 77.4.21 Real - Suite Sog Boca Raton, FL 33432		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer: 124 PA Change		
Q9-410		

Office Use Only



200039471972

07/26/04--01027--008 **25.00

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. The name of the limited liability company is: Doug	GH ENTERPRISES OF S. FLORIDA, L.
2. The mailing address of the limited liability company is	
BOCA RATON, FUMDA 37	· · · · · · · · · · · · · · · · · · ·
213199	19900000010
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office	ce address as shown on the records of the
Florida Department of State:	1
RICHARD M. Sc.	() (A PAT)
320 PLAZA REA	L, 54,7e 50 B
BOGA RATON, ACITY, State and	CL.33432
City, State and	Zip
6. The name and address of the new registered agent and/o	. •
RICHARD M. SC	CHRAHM_
320 MAZA Pro	11, 5417e 508
Florida street address (P.O. Bo	x NOT acceptable)
BOW ATON FL 3	23 × 3 ×
City, State and Z	
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 F and the business office of the registered agent will be ident	tical. Or in the case of a klorida limited
liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise.	se provided in the articles of organization or
the operating agreement of the limited hability company.	
(Signature of a member or authorized representative of a member)	and the second s
RICHARD M. SCHRAMM	
(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 pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	rgree to act in this capacity. I further agree to oper and complete performance of my duties,
and I am familiar with and accept the obligations of my po- Chapter 508, F.S. Or, if this document is being filed to me	osition as registered agent as provided for in crely reflect a change in the registered office by has been notified in writing of this change
duarest, I notedy confirm that the timiled indontry company	y nua ocen nomieu in writing of mis change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

(Signature of Registered Agent)