		25 P 2: 58		
(Requestor's Name)	SECRETA! TALLAHAS:	RY OF STATE		
Charitable Entity Administration LI 1975 E. Sunrise Blvd., Ste. 823 Fort Lauderdale, FL 33304 (Autoress)	LC		6000402775	556
(City/State/Zip/Phone #)	MAIL		08/23/0401039001	**25 . 00
(Business Entity Name)				
(Document Number)		Ì		
Certified Copies Certificates of Sta	atus			
Special Instructions to Filing Officer:				
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Office Use Only

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

61 to 1

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 limite	ed liability company is:	Charitable	e Entity Admin	istration, LLC	<u> </u>		
2. The mailing address of							
Suite 823, Fort Lauder					·		
01/03/2003	•		M03000000	049			
3. Date of filing/registration in Florida			4. Document number				
5. The name of the register Florida Department of		ered office a	address as show	n on the recor	ds of the		
	1900 S Ocean Blvd.	Name ., #11H		TALL			
	Lauderdale by the S	Address Sea, FL 33 State and Zi		ART NE	7		
Lauderdale by the Sea, FL 33062 City, State and Zip 6. The name and address of the new registered agent and/or office:							
	Jeffrey C. Zysik		· · · · · · · · · · · · · · · · · · ·	2: C			
	1975 E. Sunrise Blvd., Ste. 823						
	Florida street address (P.O. Box NOT acceptable)						
	Fort Lauderdale	_{FL} 3330	04-1455				
	City, St	tate and Zip		<u> </u>			
If the limited liability common confirmed that after the chand the business office of liability company, it is her the members of the limite the operating agreement of the limited that the limited	the registered agent will reby confirmed that the diability company or a f the limited liability confirmed that the diability confirmed that the limited liability confirmed the liability con	ade, the Flor il be identica change(s) w is otherwise ompany.	rida street addre	ss of the regist	tered office		

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

INHS18(10/99) FILING FEE: \$25.00

(Printed or typed name of signee)