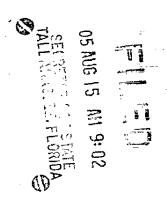
## M0400005242

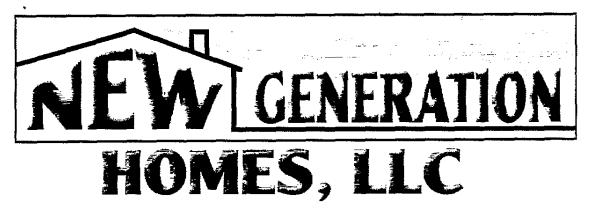
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
M104-5242
MRA Office Use Only



300058441513

08/15/05--01015--005 \*\*25.00





108 FEROE COURT PLACIDA, FL 33947 941-697-4720 941-697-4729 FAX

August 11, 2005

Division of Corporations PO Box 6327 Tallahassee, FL 32314

Ladies or Gentlemen:

Enclosed please find STATEMENT OF CHANGE OF REGISTERED OFFICE OR AGENT along with the required fee of \$25.00. Please note only the address has changed.

As per the form, the business address and the mailing address is: 108 Feroe Ct
Placida, FL 33947

Thank You for your assistance in this matter.

John Mattaliano Managing Member

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

Pursuant to the provisio liability company submit agent, or both, in the Stat	s the following statement in order	8, Florida Statutes, the undersigned limited to change its registered office or registered	
1. The name of the limite	d liability company is: New Ger	neration Homes, LLC	
2. The mailing address of the limited liability company is:		40 RT 537 East, PO BOX 298,	
Colts Neck, NJ 07722			
11/30/2004		M0400005242_	_
3. Date of filing/registrat	ion in Florida	4. Document number	
5. The name of the register Florida Department of	ered agent and the registered office State: John Mattaliano	address as shown on the records of the	
	PO BOX 298		
	Address Colts Neck, NJ 07722 City, State and Z	in	
6. The name and address of	of the new registered agent and/or		
	John Mattaliano		
	108 Feroe Ct Name		
	Florida street address (P.O. Box	NOT acceptable)	
	Placida, FL 33947 FL	<u> </u>	• :
	City, State and Zip		
confirmed that after the ch and the business office of liability company, it is her the members of the limited	nange or changes are made, the Flo the registered agent will be identic eby confirmed that the change(s) v	ws of the State of Florida it is hereby orida street address of the registered office al. Or, in the case of a Florida limited was/were authorized by an affirmative vote of provided in the articles of organization or	
(Signature of a member or authori	zeed representative of a member)		
(Printed or typed name of signee)	ATTA LIAZO	9: 02 ORIDA	
	ntment as registered agent and agr s of all statutes relative to the prop l accept the obligations of my posi his document is being filed to mere that the limited liability company )	ree to act in this capacity. I further agree to per and complete performance of my duties, tion as registered agent as provided for in ly reflect a change in the registered office has been notified in writing of this change.	
(Signature of Irgistered Agent)	n of Cornerations P.O. Por 622	7 Tallahassaa EU 22214	
DIVISIO	n of Corporations, P.O. Box 6327	/, гананаssee, г. 32314	

INHS18(10/99)

FILING FEE: \$25.00