M05000002078

(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:				
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	INC. P.O. Box 37066 (323)	6 East 6th Avenue . Tallahassee, Florida 32303 (5-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666		
WALK IN REGISTER				
	PICK UP	: 8/22/06 DD 350 3		
	CERTIFIED COPY			
9	РНОТОСОРУ	amendment 35m		
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1	FILING	Statement of Change		
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FLORIDA DEPARTMENT OF STATE Division of Corporations

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DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

2006 AUG 23 AM 10: 49

SUFFICIENCY OF BEING

August 22, 2006

CORPORATE ACCESS

TALLAHASSEE, FL

SUBJECT: 1777 SOPHIAS DRIVE #208, LLC

Ref. Number: M05000002078

We have received your document for 1777 SOPHIAS DRIVE #208, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$25.00 payment.

Please have the R.A. sign the acceptance statement.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 206A00051628

Corrected

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	y is: 1777 SOPHIAS DRIVE #208, L	LC .			
. The mailing address of the limited liability company is : 2248 MERIDIAN BLVD #H					
MINDEN, NV 89423					
4/18/2005	M05000002078				
3. Date of filing/registration in Florida	4. Document numb	ber			
5. The name of the registered agent and the r Florida Department of State:	registered office address as shown or	n the records of the			
-	Gross Mailer & Ramsay P.A.	1.0			
	Name	DE SE			
1 PROGRESS	S PLAZA NO. 1210				
	Address	OF AUG 23			
ST. PETERSB	URG, FL 33701				
	City, State and Zip	0000			
5. The name and address of the new register	ed agent and/or office:	PH II. 1			
PARACORP II	NCORPORATED				
	Name	O'P			
236 EAST 6TH					
	dress (P.O. Box NOT acceptable)				
TALLAHASSEI	E _{FL} 32303	•			
Ci	ty, State and Zip				
f the limited liability company is not organi confirmed that after the change or changes a and the business office of the registered ager	re made, the Florida street address of	f the registered office			

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 Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

SAMES C. HUNDT

(Printed or typed name of signee)

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.

Signature of Registered Agent)

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE:

ENTITY NAME:

1717 Sophias Deive #208, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 236 East 6th Avenue Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Denise Zollner, Assistant Secretary

Paracorp Incorporated