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2005 SEP 29 P 3: 10
SECRETARY OF STATE
ALL AHASSEE, FLORIDS

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Clearvicw (Name of Lin	nited Liability Company)		
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning the	is matter to the following:		
	RoBert ODicino	<u>\</u>		
	Eleakuicw cctU (Firm/Company)			
	(Firm/Company)			
<u>58</u>	(Address)	oay		
		•		
F	(City/State and Zip Code)	FL 3309 TALLAHAS		
For fur	ther information concerning this matter,	please call:		
<u>10</u>	(Name of Person)	please call: t (954) 798 335 (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 amount:				
`	\$25 Filing Fee \$\text{Certified Copy}\$			

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:	Hearview CCTV LLC
2. The mailing address of the limited liability compa	
FORT Laurendale FL	
_ •	nA
8 \ \ 0 \ 2065 3. Date of filing/registration in Florida	M05000004452
5. Date of tiling/registration in Florida	4. Document number
5. The name of the registered agent and the registered	office address as shown on the records of the
Florida Department of State:	a Rarant
Nar	Cy RoBert Tess
2741 NE 4	631
Addi	ess Daint 22064
Light house city, State	and Zip
6. The name and address of the new registered agent a	and/or office:
DOIOCNA	DuBert
DDierna S811N AND	, (2005
NONA WILBS	prod pas
Florida street address (P.C	* *
Folt Lavae Male FL City, State &	3330 』
City, State a	ind Zip A.S. A.S. A.S. A.S. A.S. A.S. A.S. A.S
f the limited liability company is not organized under	the laws of the State of Florida At is hereby
confirmed that after the change or changes are made, and the business office of the registered agent will be inability company, it is hereby confirmed that the charges the manufacture of the limited liability.	identical. Or, in the case of a Florida limited:
lability company, it is hereby confirmed that the char of the members of the limited liability company or as	ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of occanization
of the members of the limited liability company or as or the operating agreement of the limited liability com	ipany.
Signature of a member of authorized representative of a member)	
_	5 o
Printed or typed name of signee)	
	and course to not in this course. I finish an access to
I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the comply with the provisions of all statutes relative to the configuration of many and accept the obligations of many configurations of the complete to the configuration of the complete that the configuration is defined to the configuration of the config	ind agree to act in this capacity. I further agree to be proper and complete performance of my duties,
that am familia, with and accept the obligations of the hapter 608, F.S. Or, if this document is being filed to dispersely confirm that the limited lightly, con	ty position as registered agent as provided for in o merely reflect a change in the registered office
1 1 100 coy corga m trice united redolling com	pany nas ocen nonnea in writing of inis change.
Signature of Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00