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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Luxury Living of (Name of Limited	FL, LLC   Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
William H Khami's (Name of Person)	+
Luxury Living of FL, L	AON
840 Commerce Parkwa	- 9 HARR
(Address)  For tv. 11e, 1N 46040  (City/State and Zip Code)	M 1:
For further information concerning this matter, plea	ase call:
William H Khamis at (Name of Person)	
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 amo	ount:
\$25 Filing Fee	\$55 Filing Fee & 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

igent, or both, in the State of Florida.				
. The name of the limited liability company is: Luxury Living of FL, LLC				
2. The mailing address of the limited liability company is:				
200 NE, 2 de Ave, Suite 103, Delray Beach, FL 33444	<u>/</u>			
August 28, 2006 M06 0000476  3. Date of filing/registration in Florida  4. Document number				
5. The name of the registered agent and the registered office address as shown on the record Florida Department of State:				
William H Khamis  Name  3333 W. Commercial Blud, Suite 105  Address				
Name				
3333 W. Commercial Blud, Suite 105				
Address	5 景線			
Name  3333 W. Commercial Blud, Suite 105  Address  Fort Lauderdale, FL 33309  City. State and Zip				
City, State and Zip				
5. The name and address of the new registered agent and/or office:				
William H Khamis	ED CROSOLIONS			
William H Khamis  Name  200 NE 2 Ave, Suite 103	- ^			
Florida street address (P.O. Box NOT acceptable)				
Delray Beach, FL 33444  City, State and Zip	; .			
City, State and Zip				
f the limited liability company is not organized under the laws of the State of Florida, it is confirmed that after the change or changes are made, the Florida street address of the registered agent will be identical. Or, in the case of a Florida	tered office			

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.

William	H Khami	
(Signature of a member o	or authorized representative of a member)	
	H Khamis	
(Printed or typed name of	f 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.

llan Kramis (Signature of Registered Agent)

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