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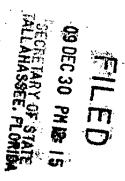
(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Certified Copies Certificates of Status			
Consideration to Filling Office			
Special Instructions to Filing Officer:			

Office Use Only



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D. BRUCE

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TOC Palo Name of Limited	Chergy LLC d Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Off	Change and fee(s) are submitted fo	r filing.	
Please return all correspondence concerning this m	atter to the following:		
Donald C. Sider Name of Person Donald C. Sider & Association Firm/Company 6751 N. Federal Hay., Suite* Address Boxa Raton, FL 33487 City/State and Zip Code dsider & Sider law. Con E-mail address: (to be used for future annual report notification	ates, P.A.	OF DEC 30 PM IS SECRETARY OF STATE	
For further information concerning this matter, please call:			
Donald C. Sider at (501) 391-1100 Area Code & Daytime Telephone N	/umber	
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	\$55 Filing Fee & Certified Co	эру	

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. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) M07000006411 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, 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 articless organization or the operating graph of the limited liability company. or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member authorized representative 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

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