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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EVANS & LUPTAK, P. (Name of	L.C. Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Andrew Ayar	
(Name of Person)	
Evans & Luptak, P.L.C. (Firm/Company)	
7457 Franklin Rd. Suite 250	
(Address)	
Bloomfield Hills, Michigan 48301	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
Andrew Ayar	at (248) 539-2008
(Name of Person)	(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	ing amount:
≥ \$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 agent, or both, in the State of Florida.

1. The name of the limite	ed liability company is: <u>EV</u>	ANS & BLUPTAK, P.L.C.		
2. The mailing address of	f the limited liability compa	ny is :		
2201 N.W. Corporate	Blvd., # 104. Boca R	Raton, Florida 33431		
April 29, 1997	·	м9700000245		
3. Date of filing/registrati	ion in Florida	4. Document number	er	
5. The name of the register Florida Department of S		l office address as shown on	the records of the	
•	Russell A. McNair			
	Nar	ne		
	2201 N.W. Corporate Addi			
	Boca Raton, Florida City, State	33431 e and Zip	2007 APR SECRETATALLAHA	
6. The name and address of the new registered agent and/or office:				
	Corporation Serv	vice Company	ARY SSEI	
	Name 1201 Hays		PM 2: 32 OF STATE E. FLORIDA	
	Florida street address (P.C	D. Box NOT acceptable)	32: 32	
	Tallahassee FL		··	
	City, State a	and Zip		
confirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreemen	nange or changes are made, the registered agent will be reby confirmed that the chan nited liability company or as at of the limited liability con	r the laws of the State of Flor the Florida street address of identical. Or, in the case of nge(s) was/were authorized be sotherwise provided in the ampany.	the registered office a Florida limited	
(Signature of a member or authori	zed representative of a member)			
Andrew Ayar (Printed or typed name of signee)				
I hereby accept the appoing comply with the provision, and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby) confirm	ntment as registered agent is of all statutes relative to the discount of the obligations of the discount of the the limited liability continuation.	and agree to act in this capa he proper and complete perfo ny position as registered age to merely reflect a change in npany has been notified in w	city. I further agree to ormance of my duties, and as provided for in the registered office riting of this change.	

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