Stoltzner 534 Sheridan Dr.		
Venice, EC 39293		LLAHASS
		PH 2:19
		Office Use Only
CORPORATION NAME(S) & DOCUM	LENT NUMBER(S), (if	í known):
1(Corporation Name)	(Document #)	Y
(Corporation Name)	(Document #)	
2(Corporation Name)	(Document #)	800004502098: -07/27/0101052011 *****35.00 *****35.00
3(Corporation Name)	(Document #)	<u> </u>
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(Corporation Name)	(Document #)	1 10 <u>2</u> 1
Walk in Pick up time		Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
 Profit Not for Profit Limited Liability Domestication Other 		
OTHER FILINGS	REGISTRATION/Q	UALIFICATION
 Annual Report Fictitious Name 	 Foreign Limited Partnersh Reinstatement 	

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of $\int F|0| da$ 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 corporation : LNev 2. The mailing address of the corporation :_____ 536 Shevi enice 3. Date of incorporation/qualification: 19/01 0 60000 Document number: The name and address of the current registered agent and office: foltzner Uni: Coult. 5. The name and address of the new registered agent (if changed) and/or registered office (if changed (P. O. Box Not Acceptable) tzner 6 ar 3 The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. m rla (Signature of an officer, chairman or vice chairman of the tzner R Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent. (Signature (Registered Agent)

If signing on behalf of an entity:

DIVISION OF CORPORATIONS

 \mathcal{W} . Stolt consultant Javid -7.Ner (Typed or Printed Name) (Capacity)

* * * FILING FEE: \$35.00 * * *

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