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	_	
(Requestor's Name)		
(Address)		
(Address)	_	
(City/State/Zip/Phone #)	_	
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:	\neg	

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C. LEWIS

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EXAMINER

COVER LETTER

Division of Corporations	
BOBOEC 1.	DEN COW, UC.
(Name of Limit	ted Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Jose Garcia-Pedri	100
(Name of Person)	<u> </u>
•	
Form Stores Corporation	
(Firm/Company)	
18001 Old Cutler Road	
Suite 370	
Palmetto Bay, Florida 331 <i>57</i>	
(City/State and Zip Code)	
(Chy/State and Zip Code)	
For further information concerning this matter, pleas	se call:
COVIDS BOVED at (800 , 726 · 3276 X 2315
(Name of Person)	Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:
Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amou	int:
\$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.

in the state of Frontau.	The Grinon Court is
Name of the limited liability company:	THE COUDEN WW. LLC
2. (a) Principal office address of limited liability compa	18001 Old Cutler Road iny: _ Suite 370 —
(Note: MUST BE STREET ADDRESS)	— Palmetto Bay, Florida 33157 —
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	18001 Old Cutler Road Suite 370 Palmetto Bay, Florida 33157
12.19.2002	LD2000034208
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o Registered Agent: Registered Office Address:	the records of the Florida Dept. of State: (DY POYOTE CYCOTIONS [1310 PYOSPETITY FAYMS RU. # 221E RAIM BEACH FL 33410
(b) Enter name of NEW Registered Agent and/or N	
NEW Registered Agent: NEW Registered Office Address:	18001 Old Cutler Road ————————————————————————————————————
(MUST BE FLORIDA STREET ADDRESS)	Palmetto Bay, Florida 331 <i>57</i>
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were afthorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member) (Printed or typed name of signee)	cet address of the registered office and the business
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam jamiliar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notificant.	l agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ted in writing of this change.
(Signatur of Registered Agent)	ACC COMMON TO SERVICE OF THE PARTY OF THE PA
Division of Corporations, P.O. Bo FILING FE	

INHS18 (05/08)