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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	_	MAIL			
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(Document Number)					
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SECRETARY OF STATE

D. BRUCE

JUN 0 9 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	TEĆT: Name of		Bamboo I Liability		.•		
Dear	Sir or Madam:						
The e	nclosed Registered Agent/Registered	Office (Change and	i fee(s) are sub	omitted for fil	ling.	
Please	e return all correspondence concernin	ng this m	atter to the	following:			
	Scot A. Silzer Name of Person						
	SilzerLaw Chartered Firm/Company				SECRETA TALLAHAS	1 8-NUL 60	ij
	1277 N. Semoran Blvd., Suit Address	e 106	·····		RY OF STATI	8 AM II: 11	
	Orlando, FL 32807 City/State and Zip Code				DE A	_	
E	sas@silzerlaw.com -mail address: (to be used for future annual repor	t notificatio	on)				
For fu	orther information concerning this ma	itter, ple	ase call:				
	Scot A. Silzer	at (407_)		206-197		-
	Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILI Registra Division P.O. Bo	NG ADDRESS ation Section n of Corporation ox 6327 ssee, Florida 32	S:	ЭГ	
	Enclosed is a check for the follow	ing amo	ount:				
	\$25 Filing Fee		\$55 F	iling Fee & Ce	ertified 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.

Name of the limited liability company:	Red Bamboo LLC				
2. (a) Principal office address of limited liability co	mpany:				
(Note: MUST BE STREET ADDRESS)					
(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)					
1/12/2004	L04000004404				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:				
Registered Agent:	Pri				
Registered Office Address:	O9 ALL				
	APR C TI				
	SE &				
(b) Enter name of NEW Registered Agent and/	or NEW Registered Office address				
NEW Registered Agent:					
NEW Registered Office Address:	1277 N. Semoran Blvd., Suite 106				
<u>(MUST BE FLORIDA STREET ADDRESS</u>	<u>Orlando</u> ,FL32807				
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the change of the members of the limited liability company or a or the operating agreement of the limited liability company or a signature of a member or authorized representative of a member	e, the Florida street address of the registered office e identical. Or, in the case of a Florida limited				
O					
Saowanee Wasuwanich, Managing Memb Printed or typed name of signee					
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability considered Agent	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, f my position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change.				

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