L050000 94403

| (Re | equestor's Name) | |
|---|------------------|-----------|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP | MAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
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SECRETARY OF STATE
TALLAHASSEE.FLORIDA

W Exe 94163

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: FROM NOTHING TO SO (Name of Lin | DMETHING, LLC mited Liability Company) | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Off | Tice Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning the | his matter to the following: | |
| Angela N. Martinez, Esq. (Name of Person) | | |
| Angela N. Martinez, P.A. (Firm/Company) | 2006 MAY IO PM 1: 5 SECRETARY OF STAT TALLAHASSEE.FLORI | |
| 2100 Salzedo Street, Suite 201B | EE P | |
| (Address) | LORID. | |
| Coral Gables, FL 33134 (City/State and Zip Code) | | |
| For further information concerning this matter | r, please call: | |
| Angela N. Martinez (Name of Person) | at (305) 812-8585 (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 | g 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 limited liability company is | FROM NOTHING TO SOMETHING, LLC | |
|--|--|--|
| 2. The mailing address of the limited liability of | company is : PO Box 451203, Miami, FL 33245-1203 | |
| 09/26/05 | L05000094403 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. The name of the registered agent and the registered agent ag | istered office address as shown on the records of the | |
| Armando C. Pe | rez | |
| | Name | |
| 2527 SW 27 Ave | | |
| · | Address | |
| Miami FL 33133 | 7ALI 2006 | |
| City | , State and Zip | |
| 6. The name and address of the new registered a | SECRETARY OF STATE PART OF STA | |
| Angela N. Martin | Name reet, Suite 201B | |
| | Name FS | |
| 2100 Salzedo Str | eet, Suite 201B | |
| Florida street addre | ss (P.O. Box NOT acceptable) | |
| Coral Gables, | FL 33134 | |
| City, | State and Zip | |
| confirmed that after the change or changes are and the business office of the registered agent valiability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability company or the limited liability company or the operating agreement of the limited liability company or the limited liability company | | |
| (Printed or hand name of signes) | | |

(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 Lam 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 impited lability 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