106000091278

(Requestor's Name)		
(Address)		
·		
(Address)		
(variety)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(,,		
(D.,		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Opecial instructions to raining Officer.		
•		

Office Use Only



800109438868

09/20/07--01007--006 **50.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

Division of Corporations	
SUBJECT: PRO BUYERS LLC	
SUBJECT: (Name of Limited Liability Company)	•
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Dulce M. Sm, +L (Name of Person) Pro Buyers LLC (Firm/Company)	
(Name of Person)	
PRO BUYERS LLC	
(Firm/Company)	9 5
2616 Quarry Stone Ct.	SEP SEP
(Address)	DE CORPOR
DVIESO, Fl. 32765	A ORK
(City/State and Zip Code)	- Â
For further information concerning this matter, please call:	2 5
Name of Person) at (467) 977- 2080 (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number 1997)	ber)
Endead in a short for the following agreement	
Enclosed is a check for the following amount:	~ Faa
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S10.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} Certified Copy (a	Status &

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

liability company submits the following statement in order agent, or both, in the State of Florida.	to change its registered office or registered
1. The name of the limited liability company is:	BULLERS LLC
2. The mailing address of the limited liability company is: _	2616 Quarry Jone C.
	DVIEDO, Fl. 32765
9/15/2006 3. Date of filing/registration in Florida	L06000091278
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office Florida Department of State: Dulce M. Be	-//
13395 Glacier Name	Drive #407
Name // State and Zi	7 SEP 20 OF SEP 20
6. The name and address of the new registered agent and/or of	office: 日本語
	S CONSTRUCTION
DANIE/LE BALL Stone	PH 1: 32 PH 1: 32 NOT acceptable)
Florida street address (P.O. Box I	NOT acceptable)
Oviedo FL City, State and Zip	32765
City, State and Zip	
If the limited liability company is not organized under the lar confirmed that after the change or changes are made, the Flor and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) wo for the members of the limited liability company or as otherwor the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	rida street address of the registered office
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agreement with the provisions of all statutes relative to the propand I am familiar with and accept the obligations of my posit Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company in Salur of Registered Agent)	ree to act in this capacity. I further agree to er and complete performance of my duties, to a registered agent as provided force ly reflect a change in the registered office has been notified in writing of this change.

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