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T. HAMPTON
JUL 2 6 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SRIAN DONALDSON LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
BRIAN J. DONALDSON Name of Person		
BRIAN DONALDSON, LLC		
2841 N. OCEAN BLVD #606		
FORT LANDERDALE, FL 33308		
BRIAN DONALDSON @ COMCAST. NET		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		
BRIAN J DONALDSON at (954) 873-9701 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	
Cliffon Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following 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. Name of the limited liability company: (a) Principal office address of limited liability company: (b) Mailing address of limited liability company: Note: MAY BE POST OFFICE BOX) 07000109439 Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: 3321 NE 16TH STREET FORT LAUDERDALE, FL 33304 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office. and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative v of the members of the limited liability company or as otherwise provided in the articles of organization of the limited liability company. Printed or typed name of signed

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

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 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 herobyconfirm that the limited liability company has been notified in writing of this change.