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J. BRYAN

MAR - 4 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Florida Familia (Name of Limite	d Liability Company)	
Dear Sir or Madam: The enclosed Registered Agent/Registered Office Please return all correspondence concerning this re	• ,,	
Ricando butiennec (Name of Person)	SECRE DIVISION I	
The Friendly Company	of CORPO	
15798 SW 7414 ST (Address)	3: 57	
Miami Fl. 33193 (City/State and Zip Code)	··· .	
For further information concerning this matter, ple	ease call:	
Ricando Gutiennez at ((Name of Person)	786) 970-6364 (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 am	ount:	
\$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: Florida Family 2. The mailing address of the limited liability company is: 15798 5w	Clivic LL
2. The mailing address of the limited liability company is : 15798 500	74th st.
MIAMI F1 33193	
02/04/2008 L080000	12696
3. Date of filing/registration in Florida LOSOUDO 4. Document number	, ,
5. The name of the registered agent and the registered office address as shown on the reference and the registered office address as shown on the reference and the registered office address as shown on the registered of the registered agent and the registered office address as shown on the registered of the registere	ecords of the
Name 15798 SW 74 4 Address MiAmi F/ 33/93 City, State and Zip	SECRETAR DIVISION OF
6. The name and address of the new registered agent and/or office:	CORRECT
The Friendly Companies INC Name 157 98 500 7414 5T Florida street address (P.O. Box NOT acceptable)	OF STATE OF STATE PM 3: 57
Miami FL 33/93 City, State and Zip	-
If the limited liability company is not organized under the laws of the State of Florida, confirmed that after the change or changes are made, the Florida street address of the reand the business office of the registered agent will be identical. Or, in the case of a Florida bility company, it is hereby confirmed that the change(s) was/were authorized by an of the members of the limited liability company or as otherwise provided in the article or the operating agreement of the limited liability company.	it is hereby egistered office orida limited affirmative vote s of organization
(Signature of a member or authorized representative of a member)	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performa and I am familiar with and accept the obligations of my position as registered agent as Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the raddress, I hereby confirm that the limited liability company has been notified in writing (Signature of Registered Agent)	I further agree to nce of my duties, provided for in egistered office g of this change.
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00