

LO90000 84947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

nl. Culligan NOV 1 2011

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RELIABLE FINANCIAL ENTERPRISES 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:

NORICE MATTHEWS  
Name of Person

RELIABLE FINANCIAL ENTERPRISES LLC  
Firm/Company

18520 NW 67Ave 365  
Address

MIAMI FL 33015  
City/State and Zip Code

RELIABLE111@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NORICE MATTHEWS at (954) 818-9112  
Name of Person 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 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: RELIABLE FINANCIAL ENTERPRISES LLC

2. (a) Principal office address of limited liability company: 18520 NW 67 AVE

(Note: **MUST BE STREET ADDRESS**)

Suite 365  
MIAMI FL 33015

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

18520 NW 67 AVE  
Suite 365  
MIAMI FL 33015

1-3-2011

3. Date of filing/registration in Florida

L09000084947

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

SPIEGEL and UTRERA P.A

Registered Office Address:

1840 SW 22ND Street  
4th Floor  
MIAMI FL 33145

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NORICE MATTHEWS

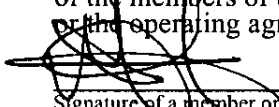
NEW Registered Office Address:

18520 NW 67 AVE 365

(**MUST BE FLORIDA STREET ADDRESS**)

MIAMI FL 33015

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 vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

NORICE MATTHEWS

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 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 hereby confirm that the limited liability 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

FILED  
OCT 31 PM 12:10  
DIVISION OF STATE  
CORPORATIONS, FLORIDA