

L10000005180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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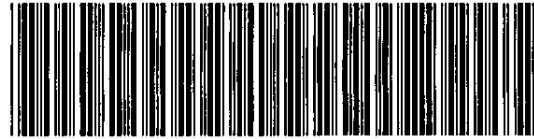
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 FEB 17 AM 11:30

FEB 20 2012  
T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUPER FIVE 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:

Funaro Massimo  
Name of Person

Super Five LLC  
Firm/Company

3500 MYSTIC POINTE , UNIT LPH-7  
Address

MIAMI FLORIDA 33180  
City/State and Zip Code

ADAPHINIS@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAIN DAPHINIS at ( 786 ) 361-9109  
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: SUPER FIVE LLC

2. (a) Principal office address of limited liability company: 3500 MYSTIC POINTE, LPH-7

(Note: MUST BE STREET ADDRESS) MIAMI FLORIDA 33180

(b) Mailing address of limited liability company: 3500 MYSTIC POINTE, LPH-7

(Note: MAY BE POST OFFICE BOX) MIAMI FLORIDA 33180

01/14/2010

3. Date of filing/registration in Florida

L10000005180

4. Document number

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

Registered Agent: CHARM CONSULTUNG . LLC

Registered Office Address: 1825 MAIN STREET  
WESTON FLORIDA 33326 US

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

NEW Registered Agent: MAXIMUM TAX REFUND LLC

NEW Registered Office Address: 1070 NE 146 ST

(MUST BE FLORIDA STREET ADDRESS) NORTH MIAMI, FL 33161

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]  
Signature of a member or authorized representative of a member

FUNARO, MASSIMO

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]  
Signature of Registered Agent

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

FILING FEE: \$25.00

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SECRETARY OF STATE  
DIVISION OF CORP.  
12 FEB 17 AM 10:55