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SECRETARY OF STATE
AND ANASSEE EL MORNA

D. BRUCE
JAN 0 8
EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: My Wear Corpet UC 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:
Diego Alvaraz. Name of Person
Mr Klean Carpet UC Firm/Company
17300 pw 68th Ave #Mo Address Hialeah #1 33015. City/State and Zip Code disconductors @ boll southing t
City/State and Zip Code
diegoalvarez@bellsouthinet == =
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Diego Alvavez at (786) 342-8371 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section

Division of Corporations

Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

P.O. Box 6327

INHS18 (5/08)

Division of Corporations

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

Clifton Building

\$25 Filing Fee

TO:

Registration Section

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.

agent, or both, in the State of Florida.	\
1. Name of the limited liability company: W	
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	Hialeah Fl 33015.
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	17300 NW 68th Ave#110
0/7/2010	L10000037698
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	orporation Service
Registered Office Address:	ompany: OI Hays Street Allahasse Fl 32:301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Diego Alvarez. 12300 NM 68+1 Ave A100
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a pennist or authorized representative of a member Printed or kped name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand Vam familiar with and accept the obligations of my pand Chapter 608, F.S. or, if this document is being filed to in address, I hereby for firm that the limited liability company.	e laws of the State of Florida, it is hereby Florida street address of the registered office intical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of vise provided in the articles of organization or agree to act in this capacity. I further agree to proper and complete performance of my duties.
Signature of Pagistered Agent	

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