L05000099001

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
May

Office Use Only



000075069420

06/08/06--01037--007 **125.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

06 JUN -8 PM 1: 1



COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Destin Media Group, LLC (Name of L	imited Liability	Company)			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered O	ffice Change ar	nd fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to th	e following:			
Diana D. Carli (Name of Person)					
Law Offices of Diana D. Carli, PA (Firm/Company)	The state of the s	•			
4012 Commons Drive West, Suite 104					
(Address)					
Destin, Florida 32541					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Diana D. Carli	at (850	, 650-4830			
(Name of Person)		rea 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	S55 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:	Hispanic Chamber of Commerce of N	orthwest Florida, LLC .
2. The mailing address of the limited liability co	mpany is : 4421 Commons Drive F	≘ast #330
Destin, Florida 32541		
October 10, 2005	L05000099601	
3. Date of filing/registration in Florida 4. Document nu		er
5. The name of the registered agent and the regist Florida Department of State:	tered office address as shown on	the records of the
Paulo R. Santiago		
1 Industrial Park Lane		
	Address	
Destin, Florida 32541	State and Zip	7:SE 06
6. The name and address of the new registered ag	•	JUN - F CRETA
Mario Roberto Leurii	nda	AN FILE TAHY ASSEE
36468 Emerald Coast		AND EU -8 PM 1: 1 -8 PM 1: 1 -8 PM 1: 1
Florida street address	s (P.O. Box NOT acceptable)	₽ 5
Destin, Florida 3254	1 FL	
City, S	tate and Zip	_
If the limited liability company is not organized to confirmed that after the change or changes are mand the business office of the registered agent will liability company it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability.	ade, the Florida street address of	the registered office
(Signature of a member of authorized representative of a member	:r/ ——	
Mario Roberto Leurinda	/	
(Printed or typed name of signes)	7	
I hereby accept the appointment as registered as comply with the provisions of all statutes relative and I amfamiliar with and accept the obligation. Chapter 608, F.S. Or, if this document is being faddress I hereby confirm that the limited liability	gent and agree to act in this capa to the proper and complete perf s of my position as registered age filed to merely reflect a change in ty company has been notified in w	city. I further agree to ormance of my duties, ent as provided for in the registered office vriting of this change.

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

(Signature of Registered