

L 07600096557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

AUG 14 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 100% CRADS, 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:

Meghan Record

(Name of Person)

My Corporation Business Services, Inc.

(Firm/Company)

26520 Agoura Road

(Address)

Calabasas, California 91302

(City/State and Zip Code)

For further information concerning this matter, please call:

Meghan Record

(Name of Person)

at (818) 879-9079

(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

MyCorporation®
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26520 Agoura Road
Calabasas, CA 91302

Toll Free: 1-888-692-6771

Direct/Intl: 1-818-879-9079 | Fax: 1-818-879-8005
e-mail: info@mycorporation.com

July 31, 2008

Florida Dept. of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Amendment: 100% CRADS, LLC

Ladies and Gentlemen:

Please find enclosed for filing two signed originals of the Articles of Amendment for the above-referenced entity.

Also enclosed is a check for \$25.00 as the appropriate filing fee.

Please return all final documentation to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings
My Corporation Business Services, Inc.
26520 Agoura Rd.
Calabasas, CA 91302

**PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO
THE POST FORMATIONS DEPARTMENT AT 888-692-6771.**

**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: 100% CRADS, LLC

2. (a) Principal office address of limited liability company: 180 Crandon Blvd Ste 101
(Note: MUST BE STREET ADDRESS) Key Biscayne, FL 33149

(b) Mailing address of limited liability company: 445 Grand Bay Dr., Apt #517
(Note: MAY BE POST OFFICE BOX) Key Biscayne, FL 33149

09/20/2007

3. Date of filing/registration in Florida

L07000096557

4. Document number

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

Registered Agent: NRAI Services, Inc.

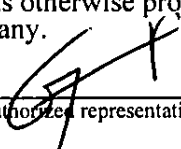
Registered Office Address: 2731 Executive Park Drive, Suite 4
Weston, FL 33331

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

NEW Registered Agent: Diego Aleman

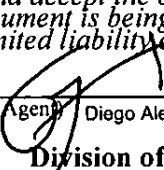
NEW Registered Office Address: 445 Grand Bay Dr., Apt #517
(MUST BE FLORIDA STREET ADDRESS) Key Biscayne, FL 33149

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)

Diego Aleman, Member
(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) Diego Aleman

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

INHS18 (05/08)

FILED
08 AUG 13 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA