L10000105564

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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations			
	ARIBBEAN COWBOY LLC ed 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 r	matter to the following:		
JULIAN RIVIERE Name of Person			
TAMPA BAY CANBBEAN CO Firm/Company	DWBOYLLC		
326 80 th Ave APT # 1			
ST. PETE BEACH FL 33 City/State and Zip Code	37 <i>06</i>		
Treevse not mail. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, pl	ease call:		
JULIAN KIUIERE at	727, 641-2019		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	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 liability company submits the following statement in or agent, or both, in the State of Florida.	der to change its registered office or registered	
1. Name of the limited liability company: IAMPA	SAY CARIBBERT COWBOY LLC	
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	- 10 . 1 - 10 - 1	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	326 80 TH AUE APTA 1 ST. PG16 BEACH FL 33706	
10/08/2010	L10000105564	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown o		
Registered Agent:	CORPORATION SERVICE COMPAN	
Registered Office Address:	1201 HAYS STREB1	
	TALLAHASSEB FL 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent:	SULIAN KIUIBLE	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	326 80 TH AUB APT & 1 ST-PETE BOACH FL 33706	
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 ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	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 wise provided in the articles of organization of the control of the cont	
Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions.	agree to act in this capacity. I further agree to proper and complete performance of my duties, possition as registered agent as provided for in merely reflect a change in the registered office any 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		

INHS18 (05/08)