Requester's Name  105 40 hw 36h St  Address  May Ft 33176  City/State/Zip Phone #	Office Use Only
•	
1. <u>L-1888</u>	700035817975 -01/26/0101106003
(Corporation Name)	(Document #) ******25.00 ******25.00
2	
(Corporation Name)	(Document #)
3.	
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
Mail out Will wait	
Mail out Will wait	Photocopy
NEW FILINGS	AMENDMENTS  AMENDMENTS  AMENDMENTS  AMENDMENTS
☐ Profit	Amendment S S S
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal
☐ Domestication☐ Other	Dissolution/Withdrawal  Merger  Dissolution/Withdrawal
OTHER BY INCC	<u>र</u> ू
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership
_ Treated Time	Reinstatement
	☐ Trademark ☐ Other
	- Other
	Examiner's Initials
CR2E031(7/97)	

## 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 limit	ed liability company i	s: <u>Net 2</u>	000 Group,	L.C.		
2. The mailing address of	of the limited liability	company is : _				
<del></del>	٠.	. ~ • -				·
2/15/00	•	The second second second	_L0000001	888		
3. Date of filing/registra	tion in Florida		4. Document nur	mber		
5. The name of the regist Florida Department of	ered agent and the reg	gistered office a	address as shown	on the record	s of the	
	Alvaro Z	uluaga				
		Name				• •
	10540 N.W.		t, #G-301	_		
		Address			minute from france	: , e
	Miami, Flor	ida 33172 y, State and Zi				: 강: [기
- mm	-		•		¥ §	
6. The name and address	of the new registered	agent and/or o	ffice:		약 N 26	;= <u>;</u>
	O = = = = =					27E
	Oscar Jaram		·	en er en være er i ver		<u>{</u>
en e	10540 N.W.	Name	# <i>C</i> =301			ှိ က
	Florida street addre				AM IO: 07	`∑
		700 (1:0: DOM 1	(OI acceptable)		~ =	5f™. ⊆
	Miami	FL 33172	2		C	7
·		State and Zip	···	·•	•	
If the limited liability corrections and the business office of liability company, it is be the members of the limite the operating agreement of the limite the limite the operating agreement of the limite th	thange or changes are in the registered agent where the confirmed that the diability company of the limited liability	made, the Florwill be identicate change(s) was otherwise company.	ida street address	of the registe	red office	
Oscar Jaramill	.0			-		
(Printed or typed name of signee	)					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered in soft all statutes relation of all statutes relation of the obligation this document is being that the limited liabil	agent and agre ve to the prope ons of my posit of filed to merel lity company h	ee to act in this ca ir and complete p ion as registered y reflect a change as been notified in	pacity. I furt erformance o agent as prov on the regist on writing of th	her agree f my dutie ided for it ered offica is change	: to 25, n e e e.
(Signature of Registered Agent)	<u> </u>	:			-	٢
Divisio	m of Cornorations. P	O. Box 6327	Tallahassee FI	32314		

FILING FEE: \$25.00

INHS18(10/99)