## #L01000011497

| (Requestor's Name)                      |  |  |  |  |  |  |
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SECRETARY OF STATE
TALLAHASSEE FLORDA

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## **COVER LETTER**

| TO:   | Registration Section Division of Corporations  |          |                      |                                   |   |  |
|---|--|----------|----------------------|-----------------------------------|---|--|
| SUBJ  | JBJECT: Tremblay Investments, LLC  Name of Limited Liability Company   |          |                      |                                   |   |  |
| Dear S  | Sir or Madam:  |          |                      |                                   |   |  |
| The en  | nclosed Registered Agent/Registered  | Office ( | Change               | and fe                            | e(s) are submitted for filing.                                    |  |
| Please return all correspondence concerning this matter to the following: |  |          |                      |                                   |   |  |
|   | Sylvain Tremblay   |          |                      |                                   |   |  |
|   | Name of Person   |          |                      | _                                 |   |  |
|   |  |          |                      | <del></del>                       |   |  |
|   | Firm/Company   |          |                      |                                   |   |  |
| 4150 NW 120th Avenue  |  |          |                      |                                   |   |  |
|   | Address  |          |                      |                                   |   |  |
|   | Coral Springs, FL. 33065<br>City/State and Zip Code  | 5        |                      | <del>-</del>                      |   |  |
| - F   | stremblay@speedsourceinc. mail address: (to be used for future annual report   | com      | )n)                  | <del>-</del>                      |   |  |
| For further information concerning this matter, please call:              |  |          |                      |                                   |   |  |
|   | Sylvain Tremblay   | at (     | 954                  | )                                 | 579-7866  |  |
|   | Name of Person   | ····     |                      | Area Cod                          | le & Daytime Telephone Number                                     |  |
|   | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 |          | Regi<br>Divi<br>P.O. | istration<br>ision of<br>. Box 6: | ADDRESS:<br>in Section<br>Corporations<br>327<br>e, Florida 32314 |  |
| Enclosed is a check for the following amount:                             |  |          |                      |                                   |   |  |
|   | \$25 Filing Fee  |          | \$5                  | 5 Filin                           | g Fee & Certified Copy  |  |

INHS18 (5/08)

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## 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.

| Name of the limited liability company:  | remblay Investments, LLC   |  |  |  |  |
|---|--|--|--|--|--|
| 2. (a) Principal office address of limited liability compa  | any: 4150 NW 120th Avenue  |  |  |  |  |
| (Note: MUST BE STREET ADDRESS)  | Coral Springs, FL 33065  |  |  |  |  |
| (b) Mailing address of limited liability company:   | 4150 NW 120th Avenue   |  |  |  |  |
| (Note: MAY BE POST OFFICE BOX)  | Coral Springs, FL 33065  |  |  |  |  |
| 7/12/2001   | L01000011497   |  |  |  |  |
| 3. Date of filing/registration in Florida   | 4. Document number   |  |  |  |  |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:   |  |  |  |  |  |
| Registered Agent:   | Sylvain Tremblay   |  |  |  |  |
| Registered Office Address:  | 10870 NW 52nd Street<br>Sunrise, FL 33351  |  |  |  |  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>  | Sylvain Tremblay  4150 NW 120th Avenue  Coral Springs ,FL 33065  |  |  |  |  |
| 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 of the members of the limited liability company or as office or the operating agreement of the limited liability company or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Sylvain Tremblay  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 land I am familiar with and accept the obligations of my chapter of 8, F.S. Or Affins document is being filed to address, Thereby confirm that the limited liability company. | Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote nerwise provided in the articles of organization any. |  |  |  |  |
| Signature of Registered Agent   |  |  |  |  |  |
| Division of Corporations, P.O. Box FILING FEE:  |  |  |  |  |  |