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COVER LETTER

Division of Corporations			
SUBJECT: SUVKINGDOM.COM LLC (Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing			
The enclosed Registered Agent Registered Office Change and rec(s) are submitted for firing	•		
Please return all correspondence concerning this matter to the following:			
CARLOS DURAN M. JR			
(Name of Person)			
SUVKINGDOM.COM LLC			
(Firm/Company)			
4-14.0			
17 W ST RD 84	~	<u> </u>	
(Address)	006 JUN 29	SE	
		<u>S</u> R	
FORT LAUDERDALE FL 33315	29	유동	
(City/State and Zip Code)			
	=	780 150	
For further information concerning this matter, please call:	AM 11: 50	ATE TIO	
	0	25	
STEPHANIE RODRIGUEZ at (954) 763-7575			
(Name of Person) (Area Code & Daytime Telephone	e Nur	nber)	
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section	Registration Section		
Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$55 Filing Fee & Certified Copy	✓ \$55 Filing Fee & Certified Copy		

INHS18 (8/05)

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 li	ability company is: SUVKINGD	OM.COM LLC	·
2. The mailing address of the	e limited liability company is:	17 W ST RD 84	
FORT LAUDERDALE FL 3331	5		
DEC. 6 2001		L01000021311	
3. Date of filing/registration	in Florida	4. Document number	
Florida Department of Stat	te:	e address as shown on the records	of the
<u>M</u>	EHBUB MANJI		
17	Name 7 W ST RD 84		
	Address		•
FC	ORT LAUDERDALE FL 33315		
<u></u>	City, State and Z		
6. The name and address of t	he new registered agent and/or	office:	~ °
CA	ARLOS DURAN M. JR		SECRETA DIVISION OF
	Name		
	W ST RD 84		FILE PROCE
F	Florida street address (P.O. Box	NOT acceptable)	监그
FC	ORT LAUDERDALE, FL 333	15	AM II: 50
	City, State and Zi	p	1:5
confirmed that after the chan and the business office of the liability company, it is hereb of the members of the limite	age or changes are made, the Flexegistered agent will be identify confirmed that the change(s) and liability company or as other of the limited liability company	aws of the State of Florida, it is horida street address of the registe ical. Or, in the case of a Florida I was/were authorized by an affirmwise provided in the articles of o.	ereby red office imited native vote
CARLOS DURAN M. JR			,
(Printed or typed name of signee)		-	
I hereby accept the appoint comply with the provisions of and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby confirm the	ment as registered agent and as of all statules relative to the pro iccept the obligations of my pos s document is being filed to men at the limited liability company	gree to act in this capacity. I furt sper and complete performance o sition as registered agent as prov rely reflect a change in the regist has been notified in writing of th	her agree to f my duties, ided for in ered office iis change.

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

(Signature of Registered Agent)