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(F	Requestor's Name)
( <i>F</i>	Address)
(/	Address)
	City/State/Zip/Phone #)
	WAIT MAIL
(E	Business Entity Name)
(E	Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Brite Investments LLC	ited Liability Company)
(traine of Enn.	ned Emonity Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Adrian Goett	
(Name of Person)	
Brite Investments LLC	<b>38 38</b> 3 € 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1 €
(Firm/Company)	2006 SEP 29
	<b>3.</b> %= <b>3.</b> %= <b>3.</b> %=
5833 Coral Way	1 3: 20
(Address)	<b>20</b>
Miami, Florida 33155	·
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Adrian Goett	t (305 ) 216-3084
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	amount:
Enclosed is a check for the following a	<u></u>
\$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 608.508, 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:	Brite I	nvestments LLC	······································		
2. The mailing address of the	e limited liability co	mpany	is: 5833 Coral Way Mi	ami Florida 33155		
01/09/2002	······································		L02000000600	· · · · · · · · · · · · · · · · · · ·		
3. Date of filing/registration in Florida			4. Document number			
5. The name of the registered Florida Department of Stat		stered (	office address as shown	on the records of the		
Go	old Mine Enterpris	se LTI	O	<u></u>		
Name						
5833 Coral Way						
Address  Miami, Florida 33155  City, State and Zip						
Miami, Florida 33155  City, State and Zip				- : <b>2</b>		
	•		•	FILE TAF		
6. The name and address of the	he new registered a	gent ar	id/or office:	فطامهات		
Gold Dust Enterprise LTD				PH		
Name				<u>မှာ</u>		
5833 Coral Way				20 Z		
Florida street address (P.O. Box NOT acceptable)						
Miz	ami	FI.	33155			
City, State and Zip						
If the limited liability compared that after the changand the business office of the liability company, it is hereby of the members of the limite or the operating agreement of the operating agreement of the company of the limite or the operating agreement of the operating agreement of the operating agreement of the operating agreement of the operation of the op	ge or changes are me registered agent was confirmed that the diability company f the limited liability	nade, the ill be in change or as on	ne Florida street address dentical. Or, in the case ge(s) was/were authoriz otherwise provided in the	s of the registered office e of a Florida limited		

(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)

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