## L02000026607

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SECRETARY OF STATE
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J. BRYAN

JUN 5 0 2009

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJI		EXAKT.US, LLC Limited Liability Company		
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning	g this matter to the following:		
	JUAN J. MILITELLO			
	Name of Person			
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			09 JUN 29 PM 3: 38	
	EXAKT.US, LLC		$\equiv$	
	Firm/Company		2	
		SSR	139	
		- m≺	_	
	6800 SW 40 STREET # 19	a6 '''의	$\mathbb{R}$	
	Address	<u> </u>	<u></u>	
	Addicss	OF A	***	
		- A Samura S	38	
		D. C.	_	
	MIAMI, FL 33155	<u> </u>		
	City/State and Zip Code			
	1101 " "			
exakt@bellsouth.net  E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For fur	ther information concerning this mat	tter, please call:		
	JUAN J. MILITELLO	at ( 305 ) 469-2858		
	Name of Person	Area Code & Daytime Telephone Number		
		MATERIO ADDIDECO.		
	STREET/COURIER ADDRESS:			
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle	Tallahassee, Florida 32314		
	Tallahassee, Florida 32301			
	Enclosed is a check for the followi	ing 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 608.508, 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:	EXAKT.US, LLC		
2. (a) Principal office address of limited liability company	y: 6800 SW 40 STREET # 196		
(Note: MUST BE STREET ADDRESS)	MIAMI, FL 33155		
(b) Mailing address of limited liability company:	6800 SW 40 STREET # 196		
(Note: MAY BE POST OFFICE BOX)	MIAMI, FL 33155		
10/09/2002	L02000026607		
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:	JUAN J. MILITELLO		
Registered Office Address:	216 CATALONIA AVENUE # 106		
	CORAL GABLES, FL 33134		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:		
NEW Registered Agent:	JUAN J. MILITELLO		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6800 SW 40 STREET # 196		
(MCSI BLI LORIDI SI RELIT MODICESS)	MIAMI ,FL33155		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.			
Signature of a member or authorized representative of a member	_		
JUAN J. MILITELLO Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the lifting liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.		
Signature of Registered Agent			
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314		

**FILING FEE: \$25.00**