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## **COVER LETTER**

TO: Registration Section Division of Corporations	
over the one - BLIQ CROUD LLC	
SUBJECT: RIJO GROUP, LLC (Name of Li	mited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
Jorge L. Palma, Esq.	
(Name of Person)	
Law Offices of Andreu & Palma, LLP	
(Firm/Company)	
701 SW 27th Ave., STE 900	
(Address)	
Miami, FL 33135	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
Jorge L. Palma, Esq.	at (305 ) 631-0175
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	amount:
<b>✓</b> \$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 liability company is:	RIJO GROUP, LLC		•
2. The mailing address of the limited liability co	ompany is : 11760 SW 24TH TERR		
MIAMI, FL 33175			·············•
05/14/2003	L03000017350		
3. Date of filing/registration in Florida	4. Document number		<del></del>
5. The name of the registered agent and the regist Florida Department of State:	stered office address as shown on the	records of the	
Law Offices of And	lreu & Palma, LLP		
•	Name		
701 SW 27th Ave #1	201		. 01
Address			}SE
Miami, FL 33135			<u> </u>
City,	, State and Zip	07 JAN 22	0F T
6. The name and address of the new registered a	gent and/or office:	2 PH	FILE RYC CON
Law Offices of Andreu & Palma, LLP		; <del>1</del>	S S
Name Name			SE
701 SW 27th Ave., S		22	<u> </u>
Florida street addres	s (P.O. Box <b>NOT</b> acceptable)		Z
Miami	FL 33135		
City, S	State and Zip		
If the limited liability company is not organized confirmed that after the change or changes are mand the business office of the registered agent w liability company, it is hereby confirmed that the of the members of the himited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company.	nade, the Florida street address of the rill be identical. Or, in the case of a Fe change(s) was/were authorized by a or as otherwise provided in the articly company.	registered offi Florida limited an affirmative v	ote/
Jorge L. Palma			
(Printed or typed name of signge)	<del> </del>		
I hereby accept the dippointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 508, F.S. Gr. if his locument is being address I hereby confirm that the limited liability	igent and agree to act in this capacity e to the proper and complete perforn ss of my position as registered agent filed to merely reflect a change in th ty company has been notified in writi	v. I further agr nance of my du an provided for e registered off ing of this chan	ree to ties, r in fice ge.
(Signature of Megister d Agent)			
	O. Box 6327, Tallahassee, FL 323: G FEE: \$25.00	14	

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