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COVER LETTER

PTO: Registration Section Division of Corporations		
SUBJECT: The Barter Group, LLC (Name of	f Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concernin	g this matter to the following:	
(
FRANCISCO ANLEU		
(Name of Person)		
THE BARTER GROUP, LLC		
(Firm/Company)	SSET OF THE PARTY	
2750 GLADES CIRCLE, SUITE 800	08 APR -4 AM 11: 23 SECRETARY OF STATE FALL AHASSEE FLORIDA	
(Address)		
WESTON, FLORIDA 33327		
(City/State and Zip Code)		
For further information concerning this ma	tter, please call:	
FRANCISCO ANLEU	at (954) 217-7288	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the followi	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
\$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	: The Barter Group, LLC	·
2. The mailing address of the limited liability of	ompany is : 2750 Glades Circle	, Suite 800, Weston, Florida 33327
08/28/2003	L03000032494	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered agent a	stered office address as shown	on the records of the
TB CONSULTING	INC.	_
4204 CANCO A CO	Name	_
1391 SAWGRASS C	CORPORATE PARKWAY Address	_
SUNRISE FL 33325 US		
	, State and Zip	-
6. The name and address of the new registered a	agent and/or office:	OB APR -4 MM 11: 23 SECPETARY OF STATE SECRETARY OF FLORID
FRANCISCO ANLE	U	LAG A
	Name 2750 GLADES CIRCLE, SUITE 800	
	s (P.O. Box NOT acceptable)	HOP H
WESTON,	FL 33327	
City, S	State and Zip	9
If the limited liability company is not organized confirmed that after the change or changes are n and the business office of the registered agent w liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited highlitic (Signature of a member or authorized representative of a member of authorized representative of a member of a member of authorized representative of a member of authorized representative of a member	nade, the Florida street address vill be identical. Or, in the case e change(s) was/were authoriz or as otherwise provided in the cy company.	Florida, it is hereby sof the registered office e of a Florida limited ed by an affirmative vote ne articles of organization
FRANCISCO ANLEU		
(Printed or typed name of signee)		
I hereby accept the appointment as registered a comply with the provisions of all statutes relativ and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liabili	ngent and agree to act in this c te to the proper and complete t as of my position as registered filed to merely reflect a chang ty company has been notified i	apacity. I further agree to berformance of my duties, agent as provided for in e in the registered office in writing of this change.

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

(Signature of Registered Agent