

L03000036712

(Requestor's Name)

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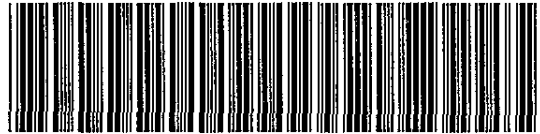
(Business Entity Name)

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2005 AUG 17 PM 1:24  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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J. BRYAN JUN 23 2005

J. BRYAN AUG 17 2005

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FREZO Financial Services LLC  
(Name of corporation)

**DOCUMENT NUMBER:** L03000036712

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jorge L. Palma, Esq.  
(Name of contact person)

Law Offices of Andreu & Palma, LLP.  
(Firm/Company)

701 SW 27th Ave #1201  
(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 contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 23, 2005

JORGE L. PALMA, ESQ.  
LAW OFFICES OF ANDREU & PALMA, LLP  
701 SW 27TH AVE #1201  
MIAMI, FL 33135

SUBJECT: FREZO FINANCIAL SERVICES, LLC.  
Ref. Number: L03000036712

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TALLAHASSEE, FLORIDA

We have received your document for FREZO FINANCIAL SERVICES, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 405A00042911

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: FREZO Financial Services, LLC.

2. The mailing address of the limited liability company is : 3059 Grand Ave #330  
Cocanut Grove, FL 33133

9/26/03  
3. Date of filing/registration in Florida

L03000036712  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Law Offices of Palma, LLP  
Name  
1650 SW 22nd St. #403  
Address  
Miami, FL 33145  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Law Offices of Andrew Palma, LLP.  
Name  
701 SW 27th Ave #1201  
Florida street address (P.O. Box NOT acceptable)  
Miami, FL 33135  
City, State and Zip

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TALLAHASSEE, FLORIDA

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]  
(Signature of a member or authorized representative of a member)

CHRISTIAN RODRIGUEZ  
(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]  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314