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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CARINA GROUP (Name of corporation)
DOCUMENT NUMBER: L03000039529
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:
ALICE Mc GROY (Name of contact person).
CARINA GROUP (Firm/Company)
2477 Sw 22nd Tennacti (Address)
Migmi FL 33145 (City/state and zip code)
For further information concerning this matter, please call:
RICHARD BOUCHER at (954) 253 2869 (Area code & daytime telephone number)
(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 32319



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 6, 2004

ALICE MCELROY CARINA GROUP 2477 SW 22ND TERRACE MIAMI, FL 33145

SUBJECT: CARINA GROUP LLC Ref. Number: L03000039529

We have received your document for CARINA GROUP 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 have completed the wrong form. You must complete a form for a limited liability company.

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) 245-6913.

Letter Number: 904A00058025

Diane Cushing Document Specialist

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 understgned 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:
2. The mailing address of the limited liability company is: 12783 NW 184 Honor.
Pembala Pinar Fl 33028.
10/15/04 L03000 00 39\$79 3. Date of filing/registration in Florida 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: Cichaed Boucher
6. The name and address of the new registered agent and/or office:
Ploce McCleury 2477 SW 2219 Terrore Florida street address (P.O. Box NOT acceptable) City, State and Zip
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 representance of a member)
Richard Boucher
(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

INHS18(10/99)