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J. SAULSBERRY EXAMINER JUL 17 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 11/F // Name of 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 concerning this matter to the following:
Name of Person
SECRETARY Firm/Company Firm/Company
797 10/7H ST DIEHN
$\frac{IIIARATHOM}{\text{City/State and Zip Code}} Flor(I) A 33050$
SHADURAUMA (C) DELL SATH, DET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Name of Person Name of Person 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 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee & Certified Copy

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

e undersigned limited od office or registered
LLC: to
6TH STITEE/ COM
FLORINA
REET OFFAN
F/07/1)# 3050
5/0/8
Dept. of State:
5 NETWORK INC
<u> </u>
dress:
BAUMAN JE
<u> </u>
da, it is hereby ne registered office Florida limited an affirmative vote cles of organization

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