

LDH 000013514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

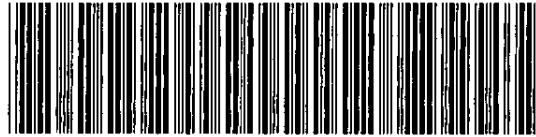
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC -9 PM 3:36

G. MCLEOD
DEC 10 2008
EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANDELA HOLDINGS LLC
(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:

CAROL BILOTTI
(Name of Person)

ALL FLORIDA TAX CONSULTING INC
(Firm/Company)

9118 GRIFFIN RD STE B
(Address)

COOPER CITY FL 33328
(City/State and Zip Code)

For further information concerning this matter, please call:

CAROL BILOTTI at (954) 791-9556
(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

\$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. Name of the limited liability company: MANDELA HOLDINGS LLC

2. (a) Principal office address of limited liability company: 9118 GRIFFIN RD STE B
COOPER CITY FL 33328
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 9118 GRIFFIN RD STE B
COOPER CITY FL 33328
(Note: MAY BE POST OFFICE BOX)

02/10/04
3. Date of filing/registration in Florida

L04000013514
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: MOORE, W RODGERS ESQ

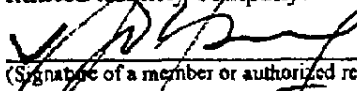
Registered Office Address: ONE LINCOLN PL
1800 GLADES ROAD STE 401
BOCA RATON FL 33431

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: ALL FLORIDA TAX CONSULTING INC

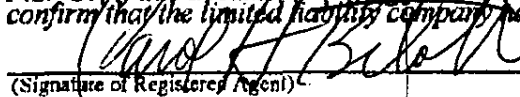
NEW Registered Office Address: 9118 GRIFFIN RD STE B
(MUST BE FLORIDA STREET ADDRESS) COOPER CITY
FL 33328

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 representative of a member)

JOHN COPANOS
(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

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