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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: PRESTO SEAFOOD, LLC   |   |
| (Name of Limite  | d 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 n   | natter to the following:  |
| Luis Valmore Luzardo   |   |
| (Name of Person)   | <del></del>   |
| Pristine Water Group Limi  | ted   |
| (Firm/Company)   |   |
| 2800 Glades Circle, Suite  | 104   |
| (Address)  |   |
| Weston, Florida 33327  |   |
| (City/State and Zip Code)  |   |
| For further information concerning this matter, ple  | ase call:   |
| Luís Luzardo at (  | 786 ) 351-2277  |
| (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 amo  | ount:   |
| xx\$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.

| agent, or both, in the State   | e of Florida.   |  |  |
|--|---|--|--|
| 1. The name of the limite  | d liability company is: _   | PRESTO SEAFOOD, LI   | LC   |
| 2. The mailing address of  | the limited liability com   | pany is: 2800 Glades   | Circle,  |
| Suite 104, W   | eston, Florida 3  | 3327   |  |
| 02/25/2004   |   | L04000015  | 5244   |
| 3. Date of filing/registration   | · · · · · · · · · · · · · · · · · · ·   | 4. Document nur  |  |
| 5. The name of the register Florida Department of S                                |   | red office address as shown  | on the records of the  |
|  | LUIS, URDANETA  |  |  |
|  |   | Name<br>VENUE, SUITE 240   | 06<br>TAI  |
|  | CORAL GABLES, Address 33146   |  |  |
|  | City, St  | ate and Zip  |  |
| 6. The name and address of   | of the new registered age   | nt and/or office:  |  |
|  |   | me   | APPHOVED AND FILED  OF MAR 27 PM 3: 37  SECRESSES FLORIDA  TALLAHASSEE FLORIDA |
|  |   | Circle, Suite 104  |  |
|  | `   | P.O. Box <b>NOT</b> acceptable)  |  |
|  | Weston<br>]   | 33327<br>FL  |  |
|  | City, Stat  | te and Zip   |  |
| confirmed that after the chand the business office of liability company, it is her | lange or changes are mad<br>the registered agent will<br>be confirmed that the claited liability company or<br>t of the limited liability c | der the laws of the State of I<br>le, the Florida street address<br>be identical. Or, in the case<br>hange(s) was/were authorize<br>as otherwise provided in the<br>company. | of the registered office<br>of a Florida limited<br>d by an affirmative vote   |

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 FS. Or, if this document is being filed to merely reflect a change in the registered office address, Thereby confirm that the limited liability company has been notified in writing of this change.

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

INHS18 (8/05)

of Registered Agent)