## L04000016771

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Professional Marketing and Busine (Name of Limited	ess Resources, LLC Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this man	tter to the following:
Marco A. Gonzalez (Name of Person)	
Professional Marketing & Business Resource (Firm/Company)	es, LLC
10773 N.W. 58th Street, #380	
(Address)	
Doral, FL 33178	
(City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
Marco A. Gonzalez at (30	o5 <sub>)</sub> 777-5566
(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 amou	int:
<b>✓</b> \$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. The name of the limite	ed liability company is:	Professional Marketing & Business	Resources, LLC		
2. The mailing address of	f the limited liability co	mpany is : 10773 N.W. 58th Stre	et, #380		
Doral, FL 33178	·	. •			
			·		
03/02/2004		L04000016771	•		
3. Date of filing/registrat	ion in Florida	4. Document num	ber		
5. The name of the register Florida Department of	ered agent and the regist State:	ered office address as shown o	n the records of the		
	Gonzalez, Luisa				
		Name			
600 N.W. 87th Ave #11					
Address SP			ARE ARE		
		State and Zip	OCT 30 ECRETAR ELAHASS		
6. The name and address	of the new registered ag	ent and/or office:			
	Marco A. Gonzalez		9: 29 STATE		
		Vame	8 13 <b>9</b>		
10773 N.W. 58th Street, #380					
Florida street address (P.O. Box NOT acceptable)					
	Doral,	FL 33178			
	City, St	ate and Zip			
confirmed that after the cl and the business office of liability company, it is he	hange or changes are ma the registered agent will reby confirmed that the nited liability company at of the limited liability	• •	of the registered office of a Florida limited I by an affirmative vote		
Mores A. Commission	-				
Marco A. Gonzalez (Printed or typed name of signee)					
I hereby accept the appo- comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm		ent and agree to act in this cap to the proper and complete per s of my position as registered a iled to merely reflect a change by company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.		
(Signature of Registered Agent)		<del>_</del>			

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

INHS18 (8/05)