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EXAMINER

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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ЕСТ:	SOHI, L.L.C.
	Name of Lin	nited Liability Company
Dear S	Sir or Madam:	
The er	nclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the following:
	-	-
	Cezary P. Gesior	
	Name of Person	
	SOHI SYSTEMS	
	Firm/Company	
	15500 Roosevelt Blvd. Suite 102	2
	Address	
	Clearwater, FL 33760	
	City/State and Zip Code	
E-	sohillc@gmail.com	fication)
For fu	ther information concerning this matter,	, please call:
	Cezary P. Gesior	at (727) 481-3741 50 5
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section Registration Section Division of Corporations Division of Corporations	
	Clifton Building P.O. Box 6327 Tellaborates Florida 33314	
	2661 Executive Center Circle Tallahassee, Florida 32301	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.

Name of the limited liability company:	SOHI, L.L.C.	
2. (a) Principal office address of limited liability company	y: 15500 Roosevelt Blvd.	
(Note: MUST BE STREET ADDRESS)	Suite 102 Clearwater, FL 33760	
(b) Mailing address of limited liability company:	15500 Roosevelt Blvd.	
(Note: MAY BE POST OFFICE BOX)	Suite 102 Clearwater, FL 33760	
June 2nd, 2004	L04000041693	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	Cezary P. Gesior	
Registered Office Address:	28870 US Highway 19N Suite 307 Clearwater, FL 33761	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	15500 Roosevelt Blvd. Suite 102 Clearwater Clearwater	
If the limited liability company is not organized under the laws of the State of Florida II 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 Fhill a 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.		
Cezary P. Gesior 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 (05/08)