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SECRETAGE PM 1: 09

COVER LETTER,

TO: Registration Section Division of Corporations	•
SUBJECT: Sonata Investme (Name of Limited)	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 ma	tter to the following:
David Preves, CEO (Name of Person)	
(Name of Person)	
Sonata Forestments, L	Le
(Firm/Company)	
106 Sandy Hook Rd	
106 Sandy Hook Rd (Address)	
Chankessen, MN 5 (City/State and Zip Code)	5317
(City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
David Preves at (Name of Person)	(Area Code & Daytime Telephone Number)
(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:
☑\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

- 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.

agen, or bons, in the state of 2 to the	
	company is: Sonata Investments, iLC
2. The mailing address of the limite	ed liability company is: 106 Sandy Hock Rd.
	Chanhassen, MN55317
4-3-06	L0400049172
3. Date of filing/registration in Flor	rida 4. Document number
Florida Danartmont of State:	and the registered office address as shown on the records of the
	Name 1 Hays St. Address Clahassee FL 32301 City, State and Zip
Tal	Address La hassee FL 32301 City, State and Zip
6. The name and address of the new	registered agent and/or office:
4(Florida: Bra	Address Cla hassee, FL 32301 City, State and Zip registered agent and/or office: Attn: David Page 6 Name 33 Pinar Dr. street address (P.O. Box NOT acceptable) City, State and Zip ot organized under the laws of the State of Florida, it prerebothanges are made, the Florida street address of the registered office
and the business office of the registe liability company, it is hereby confi of the members of the limited liabil or the operating agreement of the lin	ered agent will be identical. Or, in the case of a Florida limited rmed that the change(s) was/were authorized by an affirmative vote lity company or as otherwise provided in the articles of organization mited liability company.
(Signature of a member or authorized represent	Sonata Investments, LLC tative of a member)
David Preves (Printed or typed name of signee)	
I hereby accept the appointment as comply with the provisions of all sta and I am familiar with and accept to Chapter 608, F.S. Or, if this docum address, I hereby confirm that the li	registered agent and agree to act in this capacity. I further agree to tudes relative to the proper and complete performance of my duties, he obligations of my position as registered agent as provided for in tent is being filed to merely reflect a change in the registered office imited liability company has been notified in writing of this change.
David Preves, CEO	Sonata Investment, LCC

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