L04000074657

(Requestor's Name) (Address)			
			(Address)
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
A. LUNT			
MAY 2 7 2009			
EXAMINER			

Office Use Only



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COVER LETTER

•	COAL	EKLETTEK		
TO:	Registration Section Division of Corporations			
SUBJ	TECT: <u>Select Marketing</u> (Name of Limit	Aluisors LLC ed Liability Company)		
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.		
Please	e return all correspondence concerning this mat	tter to the following:		
	Khal Dawood (Name of Person) Vect Markehine Advisors, C	SECKETAR	2009 MAY 26	
	5 frome nade Way Apt 20. Sup, for FL 33458 (City/State and Zip Code)	Orm 과		
For fu	orther information concerning this matter, pleas	se call:		
<u>_K</u>	$\frac{h_S}{N_{\text{ame of Person}}}$ at (5)	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:			
	当 \$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 608.50 company submits the following statement in order to charin the State of Florida.	
1. Name of the limited liability company:Selec	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	1: 1131 Rain wood Circle West RIM Brock Gardens, FL 33410
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1/31 Reinwood Circle West Jalm Beach Gardens, FL 33410
10/15/2004	604000074657
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:	Daniel Sampson
Registered Office Address:	1131 Rainwood Circle West RIM Brack Gardens # \$410
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>	W Registered Office address: SSR 28 Khal Dawood P P T
(MUST BE FLORIDA STREET ADDRESS)	West Ralm Beach , Pt 33415
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.	t address of the registered office and the business are of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member)	
Maniel Sayon	-
(Printed or typed name of signee) I hereby accept the appointment as registered agent and a	gree to act in this canacity. I further agree to
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited pability company has been notified	Sper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.
(Signature of Registered Agent)	

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