## LOEDCOCOTTOO9

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP . WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Mame of Limited 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 matter to the following:		
PETER DIZUZIO  Name of Person		
Firm/Company		
1769 S. ALAFAYA THE # 240		
City/State and Zip Code  My Prodity Renton a Kot Mai Licon  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Pater Dizurio at (4-7) 256-1833  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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$25 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. Name of the limited liability company:	olby Investment Group LCC
2. (a) Principal office address of limited liability compa	any: 1969 5- ALAFAYA THE #240
(Note: MUST BE STREET ADDRESS)	onlando R 32828
(b) Mailing address of limited liability company:	1969 S. ALAFAYA TAL #240
(Note: MAY BE POST OFFICE BOX)	Enlando Fr 32828
02/17/2005	L:0500017009
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	Dominick ABitino
Registered Office Address:	1969 S. Maraya ML #240
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1969 S. ALAFAYA TM # 240 MLAND GL 32828
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote nerwise provided in the articles of organization any.
	12 SECR
Signature of a member or authorized representative of a member  Dominic & AB Fino	
Dominick AB Hino Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability composition.	d agree to act in this capacity. If firther agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the resistered office any 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