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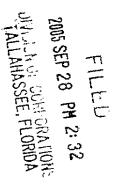
(Rec	questor's Name)	
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## **COVER LETTER**

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TO: Registration Section Division of Corporations	
SUBJECT: En Core Tivauc (Name of Limited Liability	····k····
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Gerardo Gonzaloz (Name of Person)	- 200 200 200 200 200 200 200 200 200 20
(Firm/Company)	SEP 2
Pembroke Pines FL33 (City/State and Zip Code)	ASSEE, FLORIDA
For further information concerning this matter, please call:	
Gerarco Gonzalez at (979) (Name of Person)	205 1243 Area Code & Daytime Telephone Number)
Registration Section Regi Division of Corporations Divis Clifton Building P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, 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.
1. The name of the limited liability company is: En Cove Tingwial LLC
2. The mailing address of the limited liability company is:
# 0 = 11
#1809 Miam: FL 33131
Feb. 24 1 2005 10500019160
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    STi Business Filings   Name   Name
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it 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 Florida limited 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.  (Signature of a member or authorized tepresentative of a member)  (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. S. Of, if this accument is being filed to merely reflect a change in the registered office address, I hereby confirm that the tradited liability company has been notified in writing of this change.  (Signature of Begistared Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00