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D. BRUCE

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COVER LETTER

SUBJECT: Metro Net Consulting Group LLC (Name 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:		
Name of Person)		
Metro Net Consulting Enrup LLC FIRE E		
226 82 nd Ave N		
St. letersburg, FC 33702		
For further information concerning this matter, please call:		
Wurt Bievek at (83) 453-3845 (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 amount:		
\$25 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \text{\$\		

TO: Registration Section Division of Corporations

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: Metro	Net Consulting Gray LLC	
 (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS) 	y: 226 82 nd Ave N' St. Petersburg, Ft.	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same as above	
3 10 2005 3. Date of filing/registration in Florida	LO 50000 2 4 3 8 4 4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	Bierex, Kurt	
Registered Office Address:	226 82rd Ave N	
	St. Petersburg, FL	
	7 33702	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent:	Bierek, Kurt	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	226 82nd Ave N St. Letersburg, FL 33702	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member) (Printed or typed name of signee)	ret address of the registered office and the business case of a Florida limited liability company it is by an affirmative vote of the members of the limited	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my positio F.S. Or, if this document is being filed to merely reflect a confirm that the limited timbility company has been notificed.	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608, I change in the registered office address, I hereby ed in writing of this change.	

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

INHS18 (05/08)

(Signature of Registered Agent)