## L05000056141

(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:						
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SECRE AND SEFF FLORIDA

N. Culligan NFC 1 9 2005

## COVER LETTER

TO:	Registration Division of 0						
SUBJECT: VIZZO TECHNOLOGY LLC							
		(Name of	Limited Liability (	Company)			
<b>D</b>	C'						
Dear	Sir or Madam:						
The e	enclosed Regist	ered Agent/Registered	Office Change and	fee(s) are submitted for filing.			
Pleas	e return all cor	respondence concernir	g this matter to the	following:			
	DE	NNIS TEUNG					
		(Name of Person)	_ **				
	<b>N</b> (	TECHNOLOG	SW 316				
	V 1	(Firm/Company)					
		(TimeCompany)					
	8	120 NW 30 To	race				
		(Address)		en e			
	ţ	Miami FL-331	22				
=	(	Minmi FL-33 ( City/State and Zip Code)					
For f	urther informat	ion concerning this ma	tter, please call:				
	T) a sa [C	Ton .	5	212 500			
	שניואי	NS I LONG	$\underline{}$ at $(\underline{\cancel{305}})$	717 - 1700 ea Code & Daytime Telephone Number)			
	(INAII)	ie of Person)	(Arc	za Code & Daytime Telephone Number)			
	STREET/CO	OURIER ADDRESS:	_ MAILI	NG ADDRESS:			
	Registration S			ation Section			
	Division of C Clifton Build		P.O. Bo	n of Corporations x 6327			
	2661 Executi	ve Center Circle	Tallaha	ssee, Florida 32314			
	Tallahassee, l	Florida 32301					
	Enclosed is	a check for the follow	ing amount:				
	□\$25 Filing	g Fee	□ \$55 F	iling 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.

agent, or both, in the State	oj Fioriaa.					
1. The name of the limited	l liability company is: _	V1220 T	VIZZO TECHNOLOGY LLC			
2. The mailing address of	the limited liability com	pany is :	8220 NW 30 Terrace			
			Miami,	FL-33122		
DECEMBER	1.2005	=" .	- "	00056141		
DECEMBER  3. Date of filing/registration	on in Florida	4. 1	Document num			
5. The name of the register Florida Department of S	red agent and the register		ess as shown o	on the records of the		
		PEDIZOZA				
	3220 K	Name IW 30 T	errace	<del>-</del> -		
Address Miami, FL-33122  City State and Zip						
	FILED  BEC 15 PH 12: 04  ECRELAHASSEE, FLORID					
	City, St	ate and Zip		芸二三		
6. The name and address o	f the new registered age	nt and/or offic	e:	SEA - In		
	DENNIS	TSUNG				
	DENNIS Na 8220 NW	ime		2:		
	8220 NW	30 Terras	e	골금 유		
	Florida street address (	P.O. Box NO	Γacceptable)	· <b>&gt;</b>		
	Miami, City, Sta	FL - 331	22			
	City, Sta	ite and Zip	· ··			
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreemen	range or changes are made the registered agent will be by confirmed that the contract tited liability company of the limited liability of	de, the Florida be identical. schange(s) was/ r as otherwise company.	f the State of I street address Or, in the case were authorize provided in the	Florida, it is hereby of the registered office of a Florida limited d by an affirmative vote e articles of organization		
(Signature of a member or authori		,	•	, -		
DENMS TEE	WG					
(Printed or typed name of signee)	· · · · · · · · · · · · · · · · · · ·			٠		
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Opithin address, Lhereby continu	ntment as registered age s of all statutes relative t f accept the obligations his document is being fil that the limited liability	ent and agree to to the proper a of my position ed to merely r company has	o act in this ca ind complete p as registered eflect a change been notified i	ipacity. I further agree to erformance of my duties, agent as provided for in 'in the registered office n writing of this change.		

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

(Signature of Registered Ag