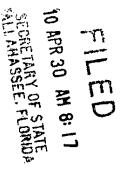
## L05000059295

(F	Requestor's Name)	
()	Address)	
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PICK-UP	☐ WAIT	MAIL
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04/30/10--01015--028 \*\*25.00



J. BRYAN
MAY -3 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations			
	LC ited Liability Company	<del></del>	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for	filing.	
Please return all correspondence concerning this	s matter to the following:		
AMOUNTAN PIUELO  Namoof Person  Firm/Company  9737 NW 41 ST SUIT  Address  DOEAL FL 33178  City/State and Zip Code	E 370	10 APR 30 AM 8: 17 SECRETARY OF STATE FALLAHASSEE, FLORIDA	
E-mail address: (to be used for future annual report notific	cation)		
For further information concerning this matter, J	please call:		
Name of Person at	Area Code & Daytime Telephone Nur	mber	
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 a	mount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Cop	ру	

## 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.