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<u> </u>		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE

11 MA 02 NOF 800

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LANOFFICES OF CRISTINIA FUSCHI PL (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:
Cristina Fuschi (Name of Person)
Can Offices of Cristina Fughi (Firm/Company)
1875 Country Mecdons In (Address)
midNleburg. FL 32068 (City/State and Zip Code)
For further information concerning this matter, please call:
CRISTING FUSCH, at (904) 264-960 / (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Enclosed is a check for the following amount:

2661 Executive Center Circle

Tallahassee, Florida 32301

\$25 Filing Fee \$\text{Certified Copy}\$

Tallahassee, Florida 32314

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: CAW OF	FICES OF CRISTINATUS (HIPL	
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 1120 Pork Ave., Ste A. Orange PK., Fl 32073	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	some.	
3. Date of filing/registration in Florida	<u>LØSØØØØ61077.</u> 4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	Cristina Fuschi	
Registered Office Address:	644 Cesery Blud Ste 350 Sacksonville FL 32211	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent:	Cristina Fuschi	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1875 Contry Meadons Ln & middleburg ,FL 32068	
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member) (Printed or typed name of signee) I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the province of a member of the obligations of my position for, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registery Agent)	et 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 of organization or the operating agreement of the CRETARY OF STEEL FLORE FLOR	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (05/08)