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SECRETARY OF STATE

T. CLINE
JAN 1 4 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: EXELLENCE WOR Name of Limited I	LDWIDE REALTY,LLC Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
ZULLY GUERRERO		
Name of Person		
ZULLY GUERRERO	· NS 20	
Firm/Company		
3317 NW 97 AVE	Sold Control of the c	
Address		
DORAL FL,33172		
City/State and Zip Code		
zulyfiguera@hotmail.com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, pleas		
<i>5</i> /1		
ZULLY GUERRERO at (786) 315-3045 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

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.

Name of the limited liability company:EXELLEN	ICE WORLDWIDE REALTY,LLC		
2. (a) Principal office address of limited liability company	3317 NW 97 AVE		
(Note: MUST BE STREET ADDRESS)	DORAL FL,33172		
(b) Mailing address of limited liability company:	SAME		
(Note: MAY BE POST OFFICE BOX)			
07/22/2005	L05000072238		
3. Date of filing/registration in Florida	l. Document number		
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:		
Registered Agent:	ZULLY GUERRERO		
Registered Office Address:	3317 NW 97 AVE DORAL FL,33172		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW</u> Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Registered Office address: 24 (4 (Sulffel) 5055 NW 74 AVE DOYAL FL 33/64		
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business of the coff the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed hame of signee I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provision of an amount of the limited liability company. Chapter 608, F.S. Or, it this document is being filed to meroaddress, I hereby confirm that the limited liability company. Signature of Registered Agent Division of Corporations, P.O. Box 632	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization was provided in the articles of organization are to act in this capacity. I further agree to be and complete performance of my duties, ition as registered agent as provided for in the registered office has been notified in writing of this change.		
FILING FEE: \$25.00			

INHS18 (05/08)