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COVER LETTER

TO: Registration Section Division of Corporations		
Victory Age	News Landing and Co	
	ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Name of Person		
Name of Person	 _	
Marie Company of the		
Firm/Company	-1, ((
, ,	175.	
2170 HAW STREET STO	ACCOUNT TO SEE T	
Address	7 n 3 *	
SARACITA FT 34737	26 PH 2-31 RY OF SIATE SSEE FLURID	
City/State and Zip Code		
E-mail address: (to be used for future annual raport notific	Jan Cortina Seption)	
For further information concerning this matter, p	please call:	
Krisztina Gogolyak at	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 a	mount:	
\$25 Filing Fee	□ \$55 Filing 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.

1. Name of the limited liability company:	PORT DE VELOPMENTAGE
 (a) Principal office address of limited liability compar (<u>Note: MUST BE STREET ADDRESS</u>) 	ny: 21 To Hallo STRAFET STORE CONTRACTOR STOREST
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	STE GOI SHENDOIN - TO STEST
7 (25) 2005 3. Date of filing/registration in Florida	
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	GOING COMODER
Registered Office Address:	SON SONAL STE BURE
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Paristand Agent</u>	EW Registered Office address: There & C. A. Mark, bits 6- U.S., LLC
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2170 MMIN STREET STREET COLUMN STREET STRE
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (sthe members of the limited liability company or as otherwishe operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office
Printed or typed name of signee	- <u>Θ</u> ω
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to made address, I hereby confirm that the limited liability company.	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in verely reflect a change in the registered office my has been notified in writing of this change.
Signature of Registered Agent	
Division of Cornerations P.O. Roy 6	327 Tallahassee, FL 32314

FILING FEE: \$25.00