10500086372	
(Requestor's Name) (Address) (Address)	300129924073
(City/State/Zip/Phone #)	05/22/0801017013 ++25.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 2000 MAY 22 AM 11: 20 SECRETARY OF STATE TALLAHASSEE. FLORID.
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EXAMINER

## **COVER LETTER**

**Registration Section** TO: **Division of Corporations** ARIBBEAN SUBJECT: tanationa (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:

(Name of Person) AK, Gottesmany) Bonser 9 6 N. Broward Blud, Suite 440 (Address) tation, Flori 745

HAY 22 AM 11:

For further information concerning this matter, please call:

HRISTIN (Name of Person)

at (<u>954</u>) <u>9807112</u> (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 amount:

☑ \$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: (ARIBBEAN Group International, LLC	
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	HZO Lincoln PORN # 216 MIAMI BEACH, FLORINA 33139
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	420 Lincoln ROAD #216 MIAMI BEACH, FLORIDA 33139
5/19/08 3. Date of filing/registration in Florida	<u>LOS00086372</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Agent:	SASCHA TORRES
Registered Office Address:	420 Lincoln Roon #216 migmi BEACH, FL 33139
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
NEW Registered Agent:	TODI Bonserry N
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8211 W. Branner Bird : Suite 440 Plantation
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the imited/liability company. (Signature of a member or authorized representative of a member)	
CHRISTINA Cox (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ond accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, Whisher the being filed to merely reflect a change in the registered office address, I hereby confirm that the provided liability company has been notified in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00	
FILING FEE: 525.00	

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