(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Division of Corporations					
SUBJECT: Amy Electronics Sales & Service, LLC (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:					
Nery Touza (Name of Person)					
AMYELEctronics Gales & Service (Firm/Company)					
15160 SW 136 St #8 (Address)					
Miami, FL 33196 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Name of Person) at (786) 712 3133 (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 & Certified Copy					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of liability company submits the agent, or both, in the State of	of sections 608.416 or 608.50 e following statement in order Florida.	8, Florida Statutes, i to change its registe	he undersigned limited red office or registered
1. The name of the limited li	ability company is: Amy E	Electronics	Sales & Service
2. The mailing address of the	limited liability company is:	15160 SW	Sales & Service 136 St +8 Highlight
09.08.	02	405000	 D088613
3. Date of filing/registration	in Florida	4. Document number	er
Diamida Danasterani af Ctat	agent and the registered office e: A1A Registered Name 92 Gad berry Address Quincy TL 30 City, State and Z		
6. The name and address of the	ne new registered agent and/or of New Touza Name 15727 SW 145 to orida street address (P.O. Box) Mam 1 FL 3 City, State and Zip	NOT acceptable)	SECRETARY TO THE VISION OF CAT PH 3: 33
confirmed that after the chang and the business office of the liability company, it is hereby of the members of the limited or the operating agreement of (Signature of a member or authorized recompany). (Printed or typed name of signee)	ent as registered agent and agent as registered agent will be identicated in the limited liability company of the limited liability to the proposition of the limited liability to the proposition of the limited liability company of the liability c	rida street address of al. Or, in the case of was/were authorized by vise provided in the and the argument of the case of the	the registered office a Florida limited by an affirmative vote rticles of organization

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00