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(Req	uestor's Name)				
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PICK-UP	☐ WAIT	MAIL				
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Certified Copies	Certificate	s of Status				
Special Instructions to Filing Officer:						

AR suline System allowed ; piler to override "Harida" Keg. Agt address. Do.C. reg. d LLC to Chg. Reg. Agt. and waved fee. Kneezer



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OR DEC -5 AM IO: 50

B. Tadlock DEC, 1 0 2000

COVER LETTER

TO: Registration Section Division of Corporations						
BLUEBERRY HILL						
SUBJECT: HOUNGS LLC (Name of Limited Liability Company)						
(Name of Emmad Emergy						
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:						
NARCISO VIVOT (Name of Person)						
ARAUCATZIA GROUP, INC. (Firm/Company)						
4581 WESTON PO #132						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
NARCISO VIVOT at 954 599 - 8977 (Name of Person) (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 \$\text{Certified Copy}\$						

INHS18 (8/05)

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. The name of the limited	d liability company is:	BLUEBER	RY HLL	- HOLDIN	GS, LLC
2. The mailing address of					
	FL 333				
9/26/200			\$500	Б Ф 94Б-	 73
3. Date of filing/registrati	on in Florida		ocument numb		<u> </u>
5. The name of the registe Florida Department of S			ss as shown on	the records o	f the
	13186 WEODSIDE	Name SKHUNE Address E State and Zip	BUD.		SECRETAL DIVISION OF
6. The name and address of	of the new registered age	ent and/or office	:		CORM CORM
	ARAUCAR				REPORATIONS AM 10: 50
	4581 N	lame WESTON P	651# 7	-	50 3
	Florida street address				·
	WESTON	FL 3	IEEE		•
•		ate and Zip			
If the limited liability conconfirmed that after the cland the business office of liability company, it is her of the members of the lin or the operating agreement	hange or changes are ma the registered agent will reby confirmed that the	ide, the Florida s I be identical. O change(s) was/w	treet address or, in the case of ere authorized	f the registere f a Florida lin by an affirma	d office nited tive vote
(Signature of a member or author		-1			
	ized representative of a mentioer		2) . I.	11-11 14-1	dien 160
(Printed or typed name of signee)	HTZTHY DU by	chalf of F	YM Benin	7	200-81
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	intment as registered ag is of all statutes relative d accept the obligations his document is being fi that the limited liability	ent and agree to to the proper an of my position a lied to merely ref y company has b	act in this cap d complete per s registered as lect a change i een notified in	acity. I furthe formance of n ent as provide in the register writing of this	er agree to ny duties, ed for in ed office change.