L0500098179

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SECRETARY OF STATE

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COVER LETTER

Division of Corporations		
SUBJECT: Hispanic Chamber of Common (Name of I	merce of Northwest Florida, LLC Limited Liability Company)	
(Name of I	Elimica Elacinty 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:	
Diana D. Carli		
(Name of Person)		
Law Offices of Diana D. Carli, PA		
(Firm/Company)		
4012 Commons Drive West, Suite 104		
(Address)		
Destin, Florida 32541		
(City/State and Zip Code)		
For further information concerning this matt	ter, please call:	
D: D 0 11	050 4000	
Diana D. Carli	_ at (850) 650-4830	
(Name of Person)	(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	rananassee, morida 32314	
Enclosed is a check for the following	ng 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. The name of the limited liability comp	any is: Hispanic Chamber of Commerce of	Northwest Florida, LLC	
2. The mailing address of the limited liab	oility company is : 4421 Commons Drive	e East #330	
Destin, Florida 32541		·	
October 5, 2005	L05000098179	-	
3. Date of filing/registration in Florida	4. Document num	4. Document number	
5. The name of the registered agent and the Florida Department of State:	ne registered office address as shown o	n the records of the	
Paulo R. San	tiago		
	Name		
223 Hughes S	treet		
	Address		
Fort Walton Be	each, Florida 32548		
	City, State and Zip		
6. The name and address of the new regis	tered agent and/or office:	AND FILED 06 JUN -8 PM SECRETARY OF TALLAHASSEE, FL	
Mario Roberto	o Leurinda	× ×	
	Name	-8 FEA	
36468 Emerald	l Coast Parkway, Ste 2101		
Florida street	address (P.O. Box NOT acceptable)	FLOAM 1:	
Destin, Florida	a 32541 _{FL}		
	City, State and Zip		
If the limited liability company is not orgate confirmed that after the change or change and the business office of the registered a liability company, it is hereby confirmed of the members of the limited liability co or the operating agreement of the limited (Signature of a member or authorized representative of	s are made, the Florida street address of gent will be identical. Or, in the case of that the change(s) was/were authorized mpany or as/otherwise provided in the liability company.	of the registered office of a Florida limited I by an affirmative vote	
Mario Roberto Leurinda			
(Printed or typed name of signee)			
I hereby accept the appointment as regist comply with the provisions of all statutes and I am familiar with and accept the oblication of the control of this document is address, I hereby continue that the limited	tered agent and agree to act in this cap relative to the proper and complete pe igations of my position as registered a being filed to merely reflect a change liability company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	

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