L05000109866

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DIVISION OF CORPORATIONS
OF NOV 16 PM 1: 06

COVER LETTER

Division of Corporations		
SUBJECT: Medfina of North America,		
(Name of	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
	_ 9	
Carla Turner-Hahn, Esq.	06 NOV 16 PM 1: 06	
(Name of Person)		
	16 5	
The Hayes Law Group, P.A.	7	
(Firm/Company)		
	ë	
4701 Central Ave, Ste A		
(Address)		
Oh Dahamahama Eladida 00740		
St. Petersburg, Florida 33713 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matt	ter, please call:	
Carla Turner-Hahn	at (727) 381-9026	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following	ng amount:	
\$25 Filing Fee	\$55 Filing Fee & 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 limi	ted liability company is:	Medfina of North America, LLC		
2. The mailing address	of the limited liability con	npany is : 7957 Idlewild Land	e; Largo, FL 33777	
11/14/2005		L05000109866		
3. Date of filing/registration in Florida		4. Document n	4. Document number	
5. The name of the regis Florida Department of		ered office address as show	n on the records of the	
-	Turner-Hahn, Carla I	Esq.	<u></u>	
		Name	D	
5959 Central Ave., Suite 104		- 6		
Address St. Petersburg, FL 33710		NO SER		
	City, State and Zip		- OF A	
6. The name and address	of the new registered age	nt and/or office:	SECRETARY OF ORATIONS OF NOV 16 PM 1: 06	
			PH 1: 06	
	Turner-Hahn, Carla Esq.			
	Name 4701 Central Avenue, Suite A		6 88	
		P.O. Box NOT acceptable))	
	St. Petersburg,	FL_ 33713		
	City, Sta	te and Zip		
confirmed that after the cand the business office of liability company, it is he of the members of the li or the operating agreement.	change or changes are mad f the registered agent will	der the laws of the State of le, the Florida street addres be identical. Or, in the cas hange(s) was/were authorize as otherwise provided in tecompany.	s of the registered office	
Rebecca H. Bradley (Printed or typed name of signed	<u>,</u>			
		nt and agree to act in this continued in the proper and complete of my position as registered action as the company has been notified	capacity. I further agree to performance of my duties, I agent as provided for in se in the registered office in writing of this change.	

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