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(Requestor's Name)			
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PICK-UP WAIT MAIL			
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(Business Entity Name)			
(Document Number)			
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M. THOMAS MAR 1 6 2009 **EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations		,
SUBJECT: Biznet Select, LLC (Name	of Limited Liability Company)	. 0
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Ghada N. Chmeissani		09 MAR 13 AM ID: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDI
(Name of Person)		最后
BizNet Select, LLC		AR 13 AM 10: 37
(Firm/Company)		STATE OF STA
840 11th Ave. South the		Su.
(Address)		
St. Pete, FL 33701		
(City/State and Zip Code)		
For further information concerning this ma	tter, please call:	
Ghada N. Chmeissani	at ( 727 ) 289-7191	_
(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 follow	ing 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.

in the state of 1 for table		
1. Name of the limited liability company: BizNet Se	elect, LLC	•
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: 840 11th Ave. South, St. Pete, FL 33701	<b>6</b>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	840 11th Ave. South. St. Pete, FL 33701	<b>0</b>
01/31/2006	L06000010591	
3. Date of filing/registration in Florida	4. Document number	0
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State	09-MAR 13
Registered Agent:	Ghada N. Chmeissani	دَنَ
Registered Office Address:	200 2nd Ave. South, #421 St. Petersburg, FL 33701	AND STATE
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address:  Ghada N. Chmeissani	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	840 11th Ave. South,	
	St. Petersburg,FL 33701	
If the limited liability company is not organized under that after the change or changes are made, the Florida st office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company.  (Signature of a member or authorized representative of a member)	treet address of the registered office and the busing the case of a Florida limited liability company, it is ed by an affirmative vote of the members of the line	ess
Ghada N. Chmeissani (Printed or typed name of signee)	<del></del>	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my posit F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been not	id agree to act in this capacity. I further agree to proper and complete performance of my duties, a ion as registered agent as provided for in Chapte t a change in the registered office address, I herel ified in writing of this change.	and I r 608, by
(Signature of Registered Agent)		

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