## L06000/4264

(Requestor's Name)
(Address)
·,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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02/27/08--01024--005 \*\*25.00

2008 FEB 28 P 2: 5:
SECRETARY OF STATE

A. LUNT

FEB 29 2008

**EXAMINER** 

## **COVER LETTER**

Division of Corporations						
SUBJECT: STUDIO A ENGINEERING		3E C				
(Name of	Limited Liat	ility Company)				
Dear Sir or Madam:						
The enclosed Registered Agent/Registered	Office Chang	ge and fee(s) are subr	nitted for filing.	•		
Please return all correspondence concerning	g this matter	to the following:				
PAUL E. PINEDA			TAS 2	-		
(Name of Person)		<del></del>	2000 FEB SECRET/ ALLAHA	77		
STUDIO A ENGINEERING, LLC			3 28 FARY ASSE	j		
(Firm/Company)		<del></del>	<u>س</u> (۳۱	П		
11341 NW 73 TER (Address)			P 2: 55 OF STATE , FLORID,	0		
DORAL, FL 33178 (City/State and Zip Code)						
For further information concerning this ma	tter, please ca at ( 786	lt: \ 385 2523				
(Name of Person)	at (	(Area Code & Days	time 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	ing amount:					
<b>✓</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

INHS18 (8/05)

TO: Registration Section

## 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 lim	ited liability comp	any is: STUDIO A ENGINEERI	NG, LLC						
2. The mailing address	of the limited liab	ility company is : 11341 NW	73 TER						
DORAL, FL 33178									
02/09/2006		.L060000	.L06000014264						
3. Date of filing/registration in Florida		4. Docum	4. Document number						
5. The name of the regin Florida Department of		ne registered office address as	s shown	on the r	record	ls of the			
	N/A			•					
		Name		•					
	N/A				•	مسيديا أوالجمين بالتؤوال			
		Address		ĭZS	2008				
	N/A			LCF ECF					
		City, State and Zip		RET	£83	92215223 0 <b>g</b>			
6. The name and address of the new registered agent and/or office:				TARY ASSEI	28				
LORENA C. PINEDA, VP				뜻	Ū				
	,	Name	_	STATE LORIDA	Ÿ				
11341 NW 73 TER			RA	Ġ					
Florida street address (P.O. Box NOT acceptable)			Þ	\( \sigma \)					
	DORAL,	FL 33178			_				
		City, State and Zip							
confirmed that after the and the business office liability company it is l	change or change of the registered a hereby confirmed limited hability co- tent of the limited	anized under the laws of the S s are made, the Florida street gent will be identical. Or, in that the change(s) was/were a mpany or as otherwise provid- liability company.	address the case	of the r of a Flo	egiste orida	ered office limited			
(Signature of a member or aut)	orized representative of	a member)							
RAUL E. PINEDA									
(Printed or typed name of sign	ee)								
	_/_	ered agent and agree to act i relative to the proper and coi gations of my position as reg being filed to merely reflect a liability company has been n	in this camplete po gistered a a change otified in	pacity. erforma igent as in the i writin	l furi ince o s prov regist g of th	ther agree to f my duties, ided for in ered office nis change.			

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