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(City/State/Zip/Phone #)		
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(Business Entity Name)	_	
(Document Number)	_	
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EXAMINER

## **COVER LETTER**

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

## 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.

	$\wedge$
1. Name of the limited liability company: $Y - Tr$	eme Communications, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	DelfonaFL 32725
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3-2-2006  3. Date of filing/registration in Florida	<u>L060000376</u> 2 4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	Angelm Rodriguez 1353 Ferendina dr
Registered Office Address:	DeltonA, FL 32725
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	
NEW Registered Agent:	1776 BAVON ESTE
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1776 BAVON 25 TO SOLUTION DE HONA FLESS 725
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chargety confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business ase of a Florida limited liability company it is
(Signature of a prember or authorized representative of a member)	
Printed or typed name of signee)  (Printed or typed name of signee)	7
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the praim familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.
(Signature of Registered Agent)	

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