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## L06000027038

Bridge to Success, uc (Requestor's Name)								
6450 W ZI Ct (Address)								
Stc 201 (Address)								
Hialeah, FL 33016 (City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								





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SECRETAIN OF PLORIDA
TALLAHASSEE, FLORIDA

## 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 limite	d liability company is:	BRIDGE	TO SU	ICCES	S, LI	ic.			
2. The mailing address of HIALEAH, FL 3	f the limited liability co	mpany is : _	6450	W 21	CT.	Suite	20	1	·
MARCH 14, 2006	5		LOE	50000	27038	3			
3. Date of filing/registration in Florida 4. Document nur					numbe	r			
5. The name of the register Florida Department of		tered office	address	as shov	vn on t	he record	ls of t	the	
:	MARIA A. CHA	VEZ							
· ·	2895-B COLLI	Name NS AVE.	· · <u>-</u> · ·	<u> </u>					
;		Address							
	MIAMI BEACH,					TA.	£ 3	07	
	•	State and Zi	•			A	운 :	07 APR	
6. The name and address	of the new registered ag	gent and/or o	ffice:			HAS		R 16	FIL
:	MANUEL A. TE	JEDA				SEI		<u>ნ</u>	LED
i	6450 W 21 CT	Name . Suite	201		_	ב, דנו	] ] []	AM 10: 5(	D
1.6	Florida street address	(P.O. Box I	NOT ac	ceptabl	e)	ב האל	) [A]E	. 53	
•	HIALEAH,	FL 3301	6			I	<b>&gt;</b> '		
	City, S	tate and Zip	<u></u>	•		. **			
If the limited liability conconfirmed that after the cland the business office of liability company it is he of the members of the in or the operating agreement (Signature of a member or author	nange or changes are methor registered agent with the registered agent with the company of the limited liability of the limited liability ized representative of a member of a	ade, the Flor Il be identical change(s) we or as otherwork company.	ida stre	et addre	ess of t	he registe	ered o	office	e ite on
MANUEL A. TEJI									
(Printed or typed name of signee)  I hereby accept the appoint of the comply with the provision and I am familiar with an Chapter 608 f. S. Gr. if address, I hereby confirm		gent and agr to the prop s of my posit iled to mere y company h	ee to go er and o jon as r ly reflec as been	t in this complet egistere t a chai notifie	capac e perfo ed agei nge in d in wi	city. I fur rmance of at as prov the regist riting of t	ther of of my vided tered his ch	agre duti for i offic häng	e to es, in :e :e.
(Signature of Rogistofed Agent)									
Divisio	on of Corporations, P.C FILING	D. Box 6327 G FEE: \$25		nassee,	FL 32	314			