L06000030507

Chris Strusser 7891 W Flagler St. #201 - Minni, El 33144
PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Akiasi Netwo	WKS LLC d Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Christopher Strasser (Name of Person) Alkiasi Networks LCC (Firm/Company) 7891 West Flagger Street (Address) Mirm. FL 33144 (City/State and Zip Code)	STE 201
For further information concerning this matter, ple	ase call:
Cheis top Lea Steasser at (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 following amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy





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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2007

CHRIS STRASSER 7891 W FLAGLER ST. #201 MIAMI, FL 33144

SUBJECT: AKIASI NETWORKS LLC

Ref. Number: L06000030507

We have received your document for AKIASI NETWORKS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 407A00019564

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 limited liability company is: Akiasi Networks LLC.	
2. The mailing address of the limited liability company is: 7891 West Flagler ST, STEZ	01
3/22/06 3. Date of filing/registration in Florida H 0 60000 76941 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Cosperate Creations Network, Inc. Name 1380 Prosper ty Farms Road #221E Address Palm Beach Eardons, FL 33410 City, State and Zip	
Palm Beach Eardous, FL 33410 City, State and Zip 6. The name and address of the new registered agent and/or office: Christopher Strasser Name Name 7891 West Flagler Street STE ZOI Florida street address (P.O. Box NOT acceptable) Miami FL 33144 City, State and Zip	775
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Walk & C Signature of a member or authorized representative of a member)	
(Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. (Signature of Registered Agent)	

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