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(Re	equestor's Name)	
(Ac	ddress)	
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·	ty/State/Zip/Phone	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	cument Number)	
Certified Copies*	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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2007 HAY -2 PM 1: 02 SECRETARY OF STATE TAIL AHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: FUTURE WORLD INVESTORS, ELLC (Name of Limited 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 matter to the following:							
Joseph Van Blarcom (Name of Person)							
Fitting Ward Trivestors, LLC (Firm/Company)							
10B1 2982 (Address)							
Lake Wales, FL 33859 (City/State and Zip Code)							
For further information concerning this matter, please call:							
Name of Person) at (863) 632-2468 (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 amount:							
\$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy							

STATEMENT OF CHÂNGE 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	FUTUR	E Work	d Inv	(S)(a)	i, U.C.	
2. The mailing address of							
					33	7859.	
4/1/06			L060	000 35	717		
3. Date of filing/registration in Florida		4. Document number					
5. The name of the register Florida Department of States6. The name and address of th	State: Joseph 24209 Lak: Wa City of the new registered a	Name Quail Cir Address Ly FL 33 State and Zip	u cle 859 ice:		200:	the	
(Printed or typed name of signee)	City, pany is not organized the registered agent wreby confirmed that the nited liability company is of the limited liability is of a member of the limited liability is of the li	State and Zip State and Zip under the laws made, the Florid vill be identical. we change(s) was yor as otherwisty company.	of the State of a street address/were author e provided in	of Florida, its of the related by an athe articles	gistered of rida limiti affirmativ s of organ	office ed ve vote nization	
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or if address, I hereby confirm	d accept the obligatio this document is being that the limited liabil	ns of my positio filed to merely ity company ha	n as registere reflect a char s been notified	ed agent as age in the re d in writing	provided egistered of this c	for in office hänge.	

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