## L06000035616

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Tremblo (Name of Limited	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:		
Teresa Myembla (Name of Person)	4		
Ocycul (Firm/Company)	. <del></del>	07 APR	BIVISION
1646 35th Ace (Address)		12 PH	OF CORPC
Vero Beach, FL 329 (City/State and Zip Code)	760	۲٦ <del>- ۱</del>	STATE RATIONS
For further information concerning this matter, ple	ease call:		
Teres A Miremblay at (Name of Person) at (	772 <u>584.9330</u> (Area Code & Daytime Telephone N	Num	iber)
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 am	ount:		
\$25 Filing Fee	S55 Filing Fee & Certified Copy		

## 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: ST-Tremblay 4, LLC.
2. The mailing address of the limited liability company is:
1860 37th Ave, Vero Beach, FL 329.
3 29 07  3. Date of filing/registration in Florida  L0600035616  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:
1201 Hays St.  Tallahassey Fl 3230/ City, State and Zip
6. The name and address of the new registered agent and/or office:
Teves A M Tremblay  Name  Name  Florida street address (P.O. Box NOT acceptable)  Vevo Beach, FL 32960  City, State and Zip
City, State and Zip
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.  (Signature of a member or authorized representative of a member)
(Signature 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 Chipper 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