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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: 57-Tremblay ! (Name of Limited Liab)	5, LLC ility Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
Teresa MTrembla (Name of Person)	<u></u>
OCCUP J Firm/Company)	SECRETARY VASION OF CO.
Welle 35th Aug. (Address)	PH 1: 45
Vero Beach, Fl 32960 (City/State and Zip Code)	<u> </u>
For further information concerning this matter, please ca	11:
Teres A M. Tremblay at (7)? (Name of Person)	(Area Code & Daytime Telephone Number)
Registration Section Red Division of Corporations Division Building P.	iAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314
Enclosed is a check for the following amount:	\$55 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: Tremblay	5.LC
2. The mailing address of the limited liability company is:	
1860 37th Aue, Vero Beach, FL 3	2960
3)29/07 L0600003	35624
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the reflorida Department of State: Or Poralion Service Company Name 1201 Hoys St. Address Vero Beach, EL 32960 City, State and Zip	SE DIVIS
6. The name and address of the new registered agent and/or office: Teres An Tremblay Name Name Florida street address (P.O. Box NOT acceptable) VeroBeach, FL 32960 City, State and Zip	APR 12 PH 1: 45
If the limited liability company is not organized under the laws of the State of Florida, i confirmed that after the change or changes are made, the Florida street address of the re and the business office of the registered agent will be identical. Or, in the case of a Florida liability company, it is hereby confirmed that the change(s) was/were authorized by an analysis of the state of Florida, it is hereby confirmed that the change(s) was/were authorized by an analysis of the State of Florida, it is hereby confirmed that the change(s) was/were authorized by an analysis of the State of Florida, it is hereby confirmed that the change of the State of Florida, it is hereby confirmed that the change of the State of Florida, it is hereby confirmed that the change of the State of Florida is not confirmed that after the change of the respective of the state of Florida is not confirmed that after the change of the respective of the respective of the state of Florida is not confirmed that the change of the state of Florida is not confirmed that the change of the respective of the respective of the respective of the respective of the state of Florida is not confirmed that the change of the state of Florida is not confirmed that the change of the state of Florida is not confirmed that the change of the state of Florida is not confirmed that the change of the state of Florida is not confirmed that the change of the state of Florida is not confirmed that the change of the state of Florida is not confirmed that the change of the state of Florida is not confirmed that the change of the state of Florida is not confirmed that the change of the state of Florida is not confirmed that the change of the state of Florida is not confirmed that the change of the state of Florida is not confirmed that the change of the state of Florida is not confirmed that the change of the state of Florida is not confirmed that the change of the state of Florida is not confirmed that the change of the state of Florida is not confirmed that the state	gistered office rida limited

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)

(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 auties, 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 abaness, 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**