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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ST-Tremblay & LLC (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:		
Teres A M Tremblay (Name of Person)		
(Rim/Company)	CHE LE COR	
1646 35Th Ave	PORALION	
Vero Beach El 329(e0) (City/State] and Zip Code)		
For further information concerning this matter, please call:		
Teves A Tvembley at 12 584-9330 (Name of Person) (Area Code & Daytime Telephone Number	:r)	
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 & Certified Copy		

INHS18 (8/05)

₹ STATE

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.

TT To lale	5-110
1. The name of the limited liability company is: 3.7 - Tremblay	of UL
2. The mailing address of the limited liability company is:	·
1675 29th Ave, Vero Beach, FL	3296t
3/29/07 6060000 350	وبابا
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 reconstruction of State: Company	ords of the SECRETARY OF SECRETARY OF SECRETARY OF CORPO
Vero Beach, FL 32960 City, State and Zip	SHOULE SHOULE
If the limited liability company is not organized under the laws of the State of Florida, it confirmed that after the change or changes are made, the Florida street address of the reg and the business office of the registered agent will be identical. Or, in the case of a Flori liability company, it is hereby confirmed that the change(s) was/were authorized by an after the members of the limited liability company or as otherwise provided in the articles or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	istered office
Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent as p Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the regardless, I hereby donfirm that the limited liability company has been notified in writing the	further agree to se of my duties, rovided for in gistered office of this change.

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

(Signature of Registered Agent)