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## **COVER LETTER**

Division of Corporations			
SUBJECT: Pan Ocean USA, LLC	Circled Linkillian Common (		
(Name of L	Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filir	ıg.	
Please return all correspondence concerning	•		
Ashley N. Rosenthal, Esq.			
(Name of Person)			
		200	
The Rosenthal Law Firm, P.A.			
(Firm/Company)		疆 5	
212 Pasadena Place, Suite A		OT NOV 19 AM 10: 40 SECRETARY OF STATE TALLAHASSEE FLORID	
(Address)		FLO	
		誤る	
Orlando, Florida 32803			
(City/State and Zip Code)			
For further information concerning this matt	ter, please call:		
Ashley N. Describel For	at ( 407 ) 488-1220		
Ashley N. Rosenthal, Esq. (Name of Person)	at (407) 488-1220 (Area Code & Daytime Telepho	ne Number)	
(Ivallie of Ferson)	(Med code & Baytime Felepho	ne rumber,	
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	ng amount:		
\$25 Filing Fee	✓ \$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.

ageni, or oom, in the state of					
1. The name of the limited liability company is: Pan Ocean USA, LLC					
2. The mailing address of the	e limited liability compa	ny is : 7380 Sand Lake Road,	Suite 500;		
Orlando, FL 32819	•				
Onlando, i E 02013	<del></del>		•		
04/13/2006		L06000038731			
3. Date of filing/registration	in Florida	4. Document number	r		
5. The name of the registered Florida Department of Sta	d agent and the registered	office address as shown on t	he records of the		
Sc	onu Shukla, C.P.A., P	.A			
	Nar	ne			
<u>59</u>	950 Lakehurst Drive				
0.	Addı	ess			
<u> </u>	rlando, Florida 32819 City, State	e and Zin	9		
6. The name and address of t	• •	•	器 吾		
o. The name and address of t	ine new registered agent a	and/or office.	題二		
<u>Th</u>	ne Rosenthal Law Firm,	P.A	9		
	Name		Fig. 3		
	2 Pasadena Place, Suit		H.S. D.		
, <b>h</b>	Florida street address (P.C	J. Box NOT acceptable)	OT NOV 19 AM 10: 46 SECRETARY OF STATE TALLAHASSEE FLORIDA		
Or	rlando FL	32803	<b>~</b>		
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)				
BARREST LIM					
(Printed or typed name of signee)	, MANAGER				
I hereby accept the appoints comply with the provisions of and I am familiar the confirmation of the confi	ment as registered agent of all statutes relative to the control of the control o	and agree to act in this capac he proper and complete perfo to merely reflect a change in mpany has been notified in wi	city. I further agree to rmance of my duties, nt as provided for in the registered office riting of this change.		

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