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SELVE ASSEE FLORIDA

B. BOSTICK

APR 6 2011

EXAMINER

COVER LETTER

	Registration Section Division of Corporations				
SUBJE	CT: 8th, 2LC				
Name of Limited Liability Company					
Dear Sir	or Madam:				
The encl	losed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning t	this matter to the following:			
He	lan Maucrh Name of Person				
	Name of Person				
_ Ly	he Gamily Reactive &	lentu TALLI	•		
_ 50	DI US Hwg 441 N., Si	APR-5 P			
the	City/State and Zip Code	PM 1: 56	Control of the Contro		
<u>lh</u>	clator (a) aol , com iil address: (to be used for future annual report no	otification)			
For furth	er information concerning this matte	er, please call:			
	Vilan Krancak	at (352) 250 4333			
	Name of Person	Area Code & Daytime Telephone Number			
R D C 2	TREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
E	Enclosed is a check for the following	g amount:			
7	\$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.

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX) (c) 19 2006 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 affirmately oute of the member of the limited liability company. Signature of a member or authorized representative of a member NET SO NEADUCAR Frinced or typed name of signce	1. Name of the limited liability company: & th, L	ile
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX) (Note: May Be Post of Fice Rox) (Note: May Be Post of	2. (a) Principal office address of limited liability company	1501 US Army 441 V Guile
3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Sol W Hary 441N. Sull 1807	(Note: MUST BE STREET ADDRESS)	
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Sol II Howy 441N., Sulle 1807	6/19/2006	L060000 62675
Registered Agent: Registered Office Address: 150 W Hwy 441N. Sault 1707	3. Date of filing/registration in Florida	4. Document number
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Agent: NEW Registered Office Address: NEW Registered Office Address of the Plot Address of the Plot Address of the Plot Ad		
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	Printed or typed name of signee	56 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6
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 Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I nereby confirm that the limited liability company has been notified in writing of this change.	Marcel //-	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	Signature of Registered Agent	