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•	(Requestor's Name)		
•	. (Address)		
	(Address)		
	(City/State/Zip/Phone #)		
Ļ	PICK-UP WAIT MAIL		
11.50	(Business Entity Name)		
	(Document Number)		
	Certified Copies Certificates of Status		
Special Instructions to Filing Officer: A. LUNT SEP 1 2 2008			

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SECRETARY OF STATE
TABLAHASSEE, FLORIDA

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COVER LETTER

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Registration Section
Division of Corporations

SUBJECT: BLITZKRIEG, LLC (Name of	f Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
BRIDGET SACHER-BROWN	
(Name of Person)	
	ZOON SE TALI
(Firm/Company)	CRE AH
4558 ESTUARY PLACE	SECRETARY OF STATE
(Address)	FF TO
LAND O LAKES, FL 34639	ORIBA
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
BRIDGET SACHER-BROWN	at (813) 299-5070
(Name of Person)	(Area Code & Daytime Telephone Number)
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	\$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. Name of the limited liability company: BLITZKRIEG, LLC				
2. (a) Principal office address of limited liability compar . (Note: MUST BE STREET ADDRESS)	ny: 4558 ESTUARY PLACE LAND OF LAKES, FL 34639			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME			
06-22-06	L06000064752			
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:	BRAD OTTO			
Registered Office Address:	7214 COLLEY ROAD ODESSA, FL 33556			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address 5			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4558 ESTUARY PLACE LAND OF LAKES,FL_34639			
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)				
BRIDGET SACHER-BROWN (Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my position. S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notification.	agree to act in this capacity. I further agree to proper and complete performance of my duties, and I have a registered agent as provided for in Chapter 608, and a chapter 608, a chapter by the registered office address. I hereby			
confirm that the limited liability company has been notifi	ed in writing of this change."			

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