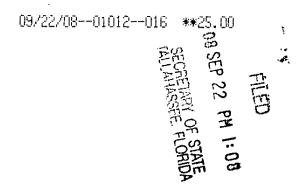
## L06 0000 68024

•		
(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(,,		
(Document Number)		
Certified Copies Certificates of Status		
Consist to the contract of the		
Special Instructions to Filing Officer:		





500136084895



M. THOMAS

SEP 2 3 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Axistrend, 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	g this matter to the following:
·	<u>-</u>
J A Pina Jr., Comptroller (Name of Person)	OS SEP 22 PH 1: 08 SECTEMAN OF STATE TALL AGAINST OF STATE TALL AG
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A.: 44-11-0	
Axistrend, LLC (Firm/Company)	
(i iiiii company)	in the second of
	ST ST
PO Box 565368 (Address)	
(Address)	V
Miami FL 33256-5368	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
J A Pina Jr., Comptroller	at ( 305 ) 888-2947
(Name of Person)	(Area Code & Daytime Telephone Number)
,	
CERTIFICATION AND FOC.	MAILING ADDRESS.
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	ing 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: Axistrend, L	<u>LC</u>
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	/: 6923 NW 77 Avenue  Miiami FL 33166
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO Box 565368 Miami FL 33256-5368
July 7, 2006  3. Date of filing/registration in Florida	L06000068024 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Carlos A. Lopez, Jr., Esq
Registered Office Address:	2333 Brickell Avenue - Suite A-1 Miami FL 33129
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	
NEW Registered Agent.  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	No Change  140 NW 57 Avenue  Miami ,FL 33126
If the limited liability company is not organized under the l that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the ca hereby confirmed that the change(s) was/were authorized b liability company or as otherwise provided in the articles of limited hability company.  (Signature of a member or authorized tepresentative of a member)	t address of the registered office and the business
J A Pina Jr., Comptroller (Printed or typed name of signee)	-
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby

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

(Signature of Registered Agent)