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(Req	uestor's Name)	***************************************
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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: MODERN TALENTS, LLC					
	ited Liability Company)				
1	•				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing	•			
Please return all correspondence concerning this	s matter to the following:				
		_			
JUAN C. LOPEZ-CAMPILLO, ESQ.		507 N			
(Name of Person)		OT NOV 19 AM 10: 4 I SECRETARY OF STATI			
HIAN O LODEZ CAMBULO DI O		疆 19			
JUAN C. LOPEZ-CAMPILLO, PLC (Firm/Company)	201/	明日			
((333-533-7))	St. M. Winner	FO ST			
2703 DORELL AVENUE					
(Address)					
	7571 -				
ORLANDO, FL 32814					
(City/State and Zip Code)					
For further information concerning this matter,	please call:				
JUAN C. LOPEZ-CAMPILLO, ESQ.	t ( 321 ) 948-4758				
(Name of Person)	(Area Code & Daytime Telephone	Number)			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton 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 a	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 provision liability company submit agent, or both, in the Sta	's the following stateme	or 608.508, Florida S nt in order to change i	statutes, the unders its registered office	ngned limited or registered
1. The name of the limit	ed liability company is:	MODERN TALENTS, LLC		·
2. The mailing address of				
2. The maning address of	it the fimiled hability co	impany is:	<u> </u>	7111122,12 02200
				·
09-01-2006		L06000086	890	
3. Date of filing/registra	stration in Florida 4. Document numb			
5. The name of the regist Florida Department of		tered office address as s	shown on the record	ls of the
•	JUAN C. LOPEZ-CA	AMPILLO, ESQ.		
		Name		
	300 SOUTH ORANG	E AVE., SUITE 1250 Address		
	ORLANDO, FL 32801			•
		State and Zip		91
6. The name and address of the new registered agent and/or office:			OT NOV 19 AM 10: 41 SECRETARY OF STATE TALLAHASSEE, FLORIC	
	JUAN C. LOPEZ-CA	MPILLO, ESQ.		蒙 5
	Name			第 3
	2703 DORELL AVENUE		. 11 8	7 6
	Florida street address	(P.O. Box NOT accep	table)	醫三
	ORLANDO	FL 32814		Ð
	City, S	tate and Zip		
If the limited liability conconfirmed that after the cand the business office of liability company, it is not the members of the liability company of the liability company agreements.  (Signature of a member or author)	change or changes are me f the registered agent with ereby confirmed that the mited hability company ant of the limited liability	ade, the Florida street a ll be identical. Or, in the change(s) was/were au or as otherwise provided company.	ddress of the regist ne case of a Florida thorized by an affir	ered office limited
JUAN C. LOPEZ-CAMPI	LLO, ESQ.			
(Printed or typed name of signee	<del>:</del> )			
I hereby accept the apportunity with the provision and I am/familiar with a Chapter 608, F.S. Or lift address. I hereby confirm (Signature of Registered Agent)	pintment as registered a ns of all statutes relative nd accept the obligation this document is being in that the united liabilit	gent and agree to act in to the proper and com s of my position as regi filed to merely reflect a y company has been no —	this capacity. I fur plete performance stered agent as pro change in the regis tified in writing of i	rther agree to of my duties, vided for in tered office this change.

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