## L06000098633

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

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |  |
|--|---|--|
| SUBJECT: Snow Tree L<br>Name of Limited  | Liability Company   |  |
| Dear Sir or Madam:   |   |  |
| The enclosed Registered Agent/Registered Office Office   | Change and fee(s) are submitted for filing.   |  |
| Please return all correspondence concerning this m   | atter to the following:   |  |
| Janet K. Park<br>Name of Person  | <del>;-</del>   |  |
| Snow Tree LLC Firm/Company   |   |  |
| 2303 W. MOrrison   | Ave.  |  |
| Tampa, FL 33629  City/State and Zip Code   | <del></del>   |  |
| E-mail address: (to be used for future admual report notification  | O VV  |  |
| For further information concerning this matter, plea   | ase call:   |  |
| Yong Park at (   | 407 Cod 5 - 85 5 5  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.

| agent, or voin, in the state of Florida.  |   |
|---|---|
| 1. Name of the limited liability company:Snow_  | Tree LLC  |
| 2. (a) Principal office address of limited liability company  | : 2303 W. Morrison Ave  |
| (Note: MUST BE STREET ADDRESS)  | Tampa, FL 33629   |
| (b) Mailing address of limited liability company:   | 2303 W. Morrison Ave  |
| (Note: MAY BE POST OFFICE BOX)  | Tampa, FL 336a9   |
| 10/9/2006   | L06000098633  |
| 3. Date of filing/registration in Florida   | 4. Document number  |
| 5. (a) Registered Agent and Registered Office shown on t  | he records of the Florida Dept. Frate:  |
| Registered Agent:   | Yong Park = = =   |
| Registered Office Address:  | COLIT Interbay Blide III  |
|   |   |
| (b) Enter name of NEW Registered Agent and/or NEV   | V Registered Office address:  |
| NEW Registered Agent:   | Janet K. Park   |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 1200 E. Busch Blvd  |
| William I Hotel Samura Indiana  | Tampa ,FL 336012  |
| If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fland the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company. | orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization  |
| Signature of a member of authorized/representative of a member  Printed or typed name of signee   | -   |
| I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the production and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company   | gree 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   |   |
| // Division of Corporations, P.O. Box 632   | 7, Tallahassee, FL 32314  |

FILING FEE: \$25.00