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(Re	questor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Phoenix Import/Export T (Name of I	rading, LIC 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	this matter to the following:	
Charles I. Cohen, Esquire		
(Name of Person)		
Furr and Cohen, P.A.		
(Firm/Company)		
2255 Glades Road, Suite 337W (Address)		
Boca Raton, FL 33431		
(City/State and Zip Code)		
For further information concerning this matt	ter, please call:	
Patricia Mouton (Name of Person)	at (561) 395-0500 (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	ng 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. The name of the limited liabi	lity company is: Phoenix Import/Ex	port Trading, LLC	
2. The mailing address of the li	mited liability company is: 238 Anso	n Drive,	
Kissimmee, Florida	• • • ——		
RISSIMBC, I TOLICA		·	
11/29/06	<u>1.060001</u>	14441	
3. Date of filing/registration in	Florida 4. Docum	ent number	
5. The name of the registered ag Florida Department of State:	ent and the registered office address as	shown on the records of the	
_Tiv	nan, Temuera		
	Name		
_231	Anson Drive		
	Address	T/S 0	
Kissimmee, Florida 34758			
	City, State and Zip	LAR.	
6. The name and address of the	new registered agent and/or office:	ASS -	
_Tiv	oan. Temuera		
	Name	EFFLO	
	Anson Drive	—— 20 ¹² (3	
Flori	da street address (P.O. Box NOT accep	table)	
Kiss	immee FL 34758	•	
	City, State and Zip		
confirmed that after the change of and the business office of the reliability company, it is hereby company.	is not organized under the laws of the Stor changes are made, the Florida street a gistered agent will be identical. Or, in the infirmed that the change(s) was/were au ability company or as otherwise provide e limited liability company.	ddress of the registered office he case of a Florida limited thorized by an affirmative vote	
ALAA	(as registered agent and agree to act in I statutes relative to the proper and com of the obligations of my position as region cument is being filed to merely reflect a be limited liability company has been no	this capacity. I further agree to plete performance of my duties, stered agent as provided for in change in the registered office tified in writing of this change.	
(Signature of Registered Agent)			

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