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(Re	equestor's Name)			
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(Cit	ty/State/Zip/Phone	o #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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06 DEC 11 AH II: 48
SECREDARY OF STATE
AHASSEF, FLORID

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COVER LETTER

Division of Corporations	∌	
SUBJECT: SURNAME TRADING COM (Name of I	PANY, LLC Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
KIRK J. GIRRBACH, ESQUIRE		
(Name of Person)		
THE LAW OFFICE OF KIRK GIRRBAC	CH, P.A.	
(Firm/Company)		
1280 SW 36TH AVENUE, SUITE 201		
(Address)		
POMPANO BEACH, FLORIDA 33069		
(City/State and Zip Code)		
For further information concerning this matt	er, please call:	
KIRK J. GIRRBACH, ESQUIRE	at (954) 956-8998	
(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	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.

ugent, or both, in the bit	are of Fromua.		
1. The name of the limit	ited liability company is:	SURNAME TRADING COMPANY, L	LC.
2. The mailing address	of the limited liability co	mpany is : 1311 SW 27TH AVEN	UE
BOYNTON BEACH, FL 33	3426		
DECEMBER 6 2006	4 14 7 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1.00000110401	
DECEMBER 6, 2006		L06000116491	
3. Date of filing/registr	ation in Florida	4. Document num	ber
5. The name of the regis Florida Department of		tered office address as shown or	n the records of the
-	ROBERT A. FELICIA	ANO	
		Name	5 0
1311 SW 27TH AVENUE		UE	60
Address		06 DEC	
BOYNTON BEACH, FL 334		L 33426	22 - m
		State and Zip	SE
6. The name and addres	s of the new registered ag	gent and/or office:	AMII: 48 OF STATE EE. FLORID
	KIRK J. GIRRBACH,	ESQUIRE	TATE ORIDA
Commence of the second		Name	A
•	1280 SW 36TH AVEN		
	Florida street address	(P.O. Box NOT acceptable)	
•	POMPANO BEACH	FL 33069	
	City, S	tate and Zip	
confirmed that after the and the business office diability company, it is hof the members of the lor the operating agreem	ompany is not organized to change or changes are most the registered agent with the imited liability company ent of the limited liability orized representative of a member of the limited liability orized representative of a member of the limited liability orized representative of a member of the limited liability orized representative of a member of the limited liability orized representative of a member of the limited liability orized representative of a member of the limited liability orized representative of a member of the limited liability orized representative of a member of the limited liability orized representative of a member of the limited liability orized representative of a member of the limited liability orized representative of a member of the limited liability orized representative of a member of the limited liability orized representative of a member of the limited liability orized representative of a member of the limited liability orized representative of a member of the limited liability orized representative of a member of the limited liability orized representative of a member orized representative of a member orized representative original representat	under the laws of the State of Fl ade, the Florida street address of Il be identical. Or, in the case of change(s) was/were authorized or as otherwise provided in the company.	orida, it is hereby If the registered office If a Florida limited If an affirmative vote If a registered office If
KIRK J. GIRRBACH, ESC	OHIRE		
(Printed or typed name of signe		- Later than a	
Sw/ Y G	wither	gent and agree to act in this cap to the proper and complete per s of my position as registered as iled to merely reflect a change i y company has been notified in	acity. I further agree to formance of my duties, gent as provided for in the registered office writing of this change.
(Signature of Registered Agent)	The second secon	

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