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(Requestor's Name)		
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PICK-UP WAIT MAIL		
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SECRETARY OF STATE

FILED

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EXPERT (HOIC (Name of Limit	ted Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
ELIAS MENA (Name of Person) EXPERT (HOICES LCC (Firm/Company) 13805 NW 11 ST (Address) PENBROKO PINES CC, 3 (City/State and Zip Code)	ROF C
For further information concerning this matter, please	se call:
FLIAS MENA at (9) (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 amount	unt:
D \$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: <u>EXPER</u>	LT CALOICES
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	DEMBROKE PIVES 78. \$3028
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	ARE NO THE SERVICE OF
12/12/06	L060001/8235=
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	COMPORATE (PROTIONS METWORK /
Registered Office Address:	11380 PROSPERITY FARMS ROAD,
,	ALM BEACH GARDENS FL 33410
(b) Enter name of NEW Registered Agent and/or NEV	W Registered Office address:
NEW Registered Agent:	ELIAS MENA
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	13805 NW 11 ST PEMBEOKE PINES ,FL 33028
If the limited liability company is not organized under the limited after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company.	aws of the State of Florida, it is hereby confirmed t address of the registered office and the business ase of a Florida limited liability company, it is y an affirmative vote of the members of the limited f organization or the operating agreement of the
(Signature of a member or authorized representative of a member)	-
ELIAS MENA	
(Printed or typed name of signee)	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the program 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 highed liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.

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

(Signature of Registered Agent)