## L06000119160

| (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: |
| A. LUNT                                 |
| MAY - 4 2010                            |
| EXAMINER                                |

Office Use Only



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04/30/10--01015--026 \*\*25.00

SECRETARY OF STATE
TALL AH ASSEE FRORM

FILED

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: GRUPO DOS P.  Name of Limited   | L LC<br>Liability Company   |
| Dear Sir or Madam:   |   |
| The enclosed Registered Agent/Registered Office C  | Change and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this ma  | atter to the following:   |
| Name of Person   |   |
| 6000 ODSP<br>Firm/Company  |   |
| 10773 NW 58th ST GUIT  | MAY -3 PM 2: 31  WHAS SEE FLORID  |
| DOPAL FL 33178 City/State and Zip Code   | F.STATE FLORIDA   |
| E-mail address: (to be used for future annual report notificatio   | n)  |
| For further information concerning this matter, plea   | ise call:   |
| Name of Person at (  | 786 ) 27 ) 1521  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 amo  | unt:  |
| \$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: 6000   | ODSR  | LLC   | <del></del>  |  |
|--|---|---|--|--|
| 2. (a) Principal office address of limited liability compan  | y:  |   |  |  |
| (Note: MUST BE STREET ADDRESS)   | 10480<br>DOEAL  | NW 37   | TERRACE  | <u> </u>                                     |
| (b) Mailing address of limited liability company:  |   |   |  |  |
| ( <u>Note: MAY BE POST OFFICE BOX</u> )  | 10480<br>DOEAL  | NW 37   |  | <u>:                                    </u> |
| 12/14/06   | L060  | 0011916   | <b>.</b> 0   |  |
| 3. Date of filing/registration in Florida  | 4. Document   |   |  |  |
| 5. (a) Registered Agent and Registered Office shown on   | the records of  | the Florida D   | ept. of State:   |  |
| Registered Agent:  | MONPO   | 1 4 CO  | PA   |  |
| Registered Office Address:   | 9300 1<br>901TE<br>DOLAL  | 1W 25°  | HN ST  |  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)  | 10773 1   | Office address  JW 58 <sup>th</sup>   | E P  |  |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability compans.  Signature of a member of authorized representative of a member   | Florida street a<br>ntical. Or, in th<br>s) was/were au<br>erwise provided                | ddress of the life case of a Fl<br>thorized by a                                      | registered offi<br>lorida limited<br>n affirmative v                                   | ote  |
| Signature of a member of authorized representative of a member  Hour Ton Richo   |   |   |  |  |
| Printed or typed name of signee  | <del></del>   |   |  |  |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant I am familiar with and accept the obligations of my perfect the control of the c | agree to act in<br>roper and com<br>osition as regis<br>erely reflect a<br>ny has been no | this capacity,<br>plete perform<br>stered agent a<br>change in the<br>tified in writi | I further agr<br>ance of my du<br>is provided foi<br>registered off<br>ig of this char | ree to<br>ties,<br>in<br>ice<br>ige.         |
| Signature of Registered Agent  |   |   |  |  |

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