LO 70000006917

. (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 SEP 24 2008 EXAMINER		

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2008 SEP 23 A 9 20
SECRETARY OF STATE
ALLAHASSEF FINITE

COVER LETTER

Division of Corporations		
SUBJECT: Platinum S. (Name of	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:		
Will Prince (Name of Person) Patinum Spark Cron. (Firm/Company) 6619 5. Dixie Hux (Address) Miami FL 33143 (City/State and Zip Code)	2008 SEP 23 A 9: 20 SECRETARY OF STATE LLAHASSEE, FLORID, 17 19 19 19 19 19 19 19 19 19 19 19 19 19	
For further information concerning this matter, please call:		
Will Prince (Name of Person)	at (305) 984-7972 (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.

1. Name of the limited liability company: Platinon	n Sparts Crowp, LLC
2. (a) Principal office address of limited liability compan	
(Note: MUST BE STREET ADDRESS)	6619 S. Dixie Hwy Ste # 174 Miami, FL 32143
(b) Mailing address of limited liability company:	,
(Note: MAY BE POST OFFICE BOX)	6619 S. Dixie Huy Ste # 174 Migmi FL 331431
01/207	L0700006917
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State.
Registered Agent:	Will trince AND NO
Registered Office Address:	1451 S. Mianimbre # 1717- Miani FL 32:130 D
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	
NEW Registered Agent:	Will Krince
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Miami FL 33143
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company (Signature of a member or authorized representative of a member)	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization
Willie L. Pince F. (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 prand I am familiar with and accept the obligations of my pochapter 608, E.SOr, if this document is being filed to me address, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to open and complete performance of my duties, osition as registered agent as provided for in early reflect a change in the registered office by has been notified in writing of this change.
(Signature of Registered Agent)	