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(Re	equestor's Name)					
(Ac	ldress)					
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PICK-UP	 WAIT	MAIL				
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COVER LETTER

-	rision of Corporations		•	
SUBJECT	: Metalflo, LLC			
	(Name of	Limited Liability Company)		
Dear Sir or	Madam:			
The enclose	ed Registered Agent/Registered	Office Change and fee(s) are submitted for filing	ıg.	
Please retu	rn all correspondence concerning	g this matter to the following:		
,1				
Konnoth	M Moyor			
Keimeur	(Name of Person)	·		
	,			
Kenneth	M. Meyer, P.A.			
	(Firm/Company)		eg.	
	·		97	
6991 W.	Broward Blvd., Suite 114	4	OT APR	
	(Address)		9 SEE	
Plantatio	n, Florida 33317		4 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
	(City/State and Zip Code)		PHI2: 30	
For further	information concerning this mat	ter, please call:	٢'n	
Kenneth	M. Meyer,	at (954) 382-1545		
	(Name of Person)	(Area Code & Daytime Telephor	ie Number)	
	STREET/COURIER ADDRESS: MAILING ADDRESS:			
	Registration Section Registration Section Division of Corporations Division of Corporations			
Clift	Clifton Building P.O. Box 6327			
	Executive Center Circle ahassee, Florida 32301	Tallahassee, Florida 32314		
Enc	losed 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	d liability compar	ıy is: Meta	lflo, LLC			
2. The mailing address of	the limited liabili	ity company	vis : c/o Stefano Vals	secchi, 2790 NE 57th.		
Street, Fort Lauderdale,						
March 19, 2007			L0700002955	3		
3. Date of filing/registration in Florida		- ,	4. Document number			
5. The name of the register Florida Department of S		registered o	office address as shown	on the records of the		
	- <u>-</u>					
		Name	2	-		
	_					
		Addre	SS	_		
Fort Lauderdale, Florida 33308-2720						
		City, State a	and Zip			
6. The name and address of	SEGRETATIVISION OF APR -					
	の 合文に					
•	- PH (25)					
_	75					
	Florida street ad	dress (P.O.	Box NOT acceptable)	PH 12: 30		
	Plantation	FL	33317			
·	C	ity, State an	d Zip			
If the limited liability com	pany is not organ	ized under t	the laws of the State of	Florida, it is hereby		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

AGOSTINO DI PRIMA

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

EH-ING FEE: \$25.00