## LO 7000045629

(Requestor's Name)		
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**EXAMINER** 



ACCOUNT NO. : 072	10000032		
REFERENCE : 936	721 7698111		
AUTHORIZATION :	Willeman		
COST LIMIT :	5,/00		
ORDER DATE: March 25, 2009	JALLA F		
ORDER TIME : 2:11 PM	NASS ZE		
ORDER NO. : 936721-015	25 M 8: 1		
CUSTOMER NO: 7698111	0.15		
	<i>P</i>		
CHANGE OF AGENT			
NAME: SEPHIRA TRADING LLC			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY  XXX PLAIN STAMPED COPY			
CONTACT PERSON: Matthew Young EXT#	‡ 2962		

EXAMINER:

## 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.

in the State of Florida.	
1. Name of the limited liability company: SEPHIRA T	RADING, LLC
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 3752 S.W. 30TH AVENUE, PORT 95 FORT LAUDERDALE, FL. 33312 USA
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3752 S.W. 30TH AVENUE, PORT 95 FORT LAUDERDALE, FL. 33312 USA
APRIL 30, 2007	L07000045629
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:	Interamerican Corporte Service
Registered Office Address:	2525 PONCE DE LEON BLVD SUITE 2525 SUITE 1225 CORAL GABLES FL 33134 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> :	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee .FL 32301
f the limited liability company is not organized under the hat after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized be iability company or as otherwise provided in the articles of imited liability company.  [A]  Signature of d/member or authorized representative of a member)	t address of the registered office and the business
MICHAEL BLITZER Printed or typed name of signee)	_
I.hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the priming familiar with and accept the obligations of my positions. S. Or, if this document is being filed to merely reflect a configm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my divies, and I as registered agent as provided for in Chapter 608, shange in the registered office address, I hereby I in writing of this change. <b>w Young</b>
	s agent

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