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EXAMINER

COVER LETTER

TO: Registration Section			•
Division of Corporations			
SUBJECT: BARDISA ENTERPRIS			
· (Name of	Limited Liabi	lity Company)	:
D. C' 14.1	•		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change	e and fee(s) are submitted	d for filing.
Please return all correspondence concerning	g this matter to	the following:	
Stephen A. Taylor, Esq.			
(Name of Person)			
		•	TAS O
Stephen A. Taylor, P.L.			08 F
(Firm/Company)			EB-6 RETARNAHASSI
	•		-6 -6
11900 Biscayne Blvd. Suite #28	10		[1] =<
(Address)			PM 12: OF STA
			8A - C
Miami, FL. 33181			Diri- O
(City/State and Zip Code)			
For further information concerning this ma	tter, please cal	li:	
•		***	
Stephen A. Taylor	at (305	722-0091	77:1 1 1 1
(Name of Person)		(Area Code & Daytime	relephone Number)
STREET/COURIER ADDRESS:	M	AILING ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations P.O. Box 6327		
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	, , , , , , , , , , , , , , , ,		
Enclosed is a check for the follow	ing amount:		
\$25 Filing Fee	<u></u>	55 Filing Fee & Certific	d Copy
		•	

INHS18 (8/05)

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 liability company is:	BARDISA ENTERPRISES, LLC.
2. The mailing address of the limited liability con	mpany is: 9650 SW 92ND STREET MIAMI, FL. 33176
06/04/2007	L07000058982
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regist Florida Department of State:	tered office address as shown on the records of the
BARDISA, AF	RMANDO
•	Name AS 8
9650 SW 92ND	SIREET SS II =
Address MIAMI, FL. 33176	
MIAMI, FL. 33176 City, State and Zip	
6. The name and address of the new registered ag	ini _α - α
SAT REGISTERED AGENTS, LLC.	
N 11900 BISCAYI	NE BLVD. SUITE #280
Florida street address	(P.O. Box NOT acceptable)
MIAMI,	FL 33181
City, St	tate and Zip
and the business office of the registered agent will liability company, it is hereby confirmed that the	ade, the Florida street address of the registered office II be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization company.
I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fi address, I hereby confirm that the limited liability	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, s of my position as registered agent as provided for in iled to merely reflect a change in the registered office y company has been notified in writing of this change.

(Signature of Registered Agent)

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