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(Requestor's Name) (Address) (Address)	900158680619
(City/State/Zip/Phone #)	07/29/0901015011 ***55.00 09 JUL 29 PH 20 04 SECRETARY OF SUNT FLED
Office Use Only	D. BRUCE JUL 3 0 2009 EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations**

 $\beta \psi - \rho C$, LLC Name of Limited Liability Company SUBJECT:

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LARRY (OREMAN) Name of Person ARRANSPOON Mandar, PA. Firm/Company One Borg Place Seite 414-E Dass Glades Road

BOCG Rota JL 33431 City/State and Zip Code

(anobell @ BocaWest CC, ORC E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

488- 6990 001 Area Code & Daytime Telephone Number Name of Person

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:



\$55 Filing Fee & Certifled Copy

INHS18 (5/08)

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:	, LLC ·
2. (a) Principal office address of limited liability compar- (<i>Note: MUST BE STREET ADDRESS</i>)	ny: <u>20583 Baca West Drive</u> Bara Rata, FL 33434
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 3070 Bora Patolo 71. 33434
6 5 2007 3. Date of filing/registration in Florida	L070000 59462 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Agent:	HRAWG CORP
Registered Office Address:	1801 N Military Trail Suite 200 Bocc Roton 71 33431
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
NEW Registered Agent:	GROONSPOON Marder, P.A.
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	One Boca Place, Suite 414-E DOSS Glades Rocal Boca Refox 34, FL 33431
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 pote 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.	
Printed of typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to n address. I hereby confirm that the limited liability compa	l agree to act in this capacity. I wither agree to proper and complete performance of my duties, position as registered agent as provided for in herely reflect a change in the registered office my 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