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| ANN GENET - PARALEGAL 2075 S. Durango Drive Suite 111-58 Las Vogas, Nevada 89147 | | | | | | |
|--|--|--|--|--|--|--|
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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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.

| 3 | | | | | | |
|---|---|--|---|--|---|-------------------------------|
| 1. The name of the limit | ited liability com | pany is: New Vu, LLC | | | | · |
| 2. The mailing address | of the limited lia | bility company is: | | · · · · · · · · · · · · · · · · · · · | | · |
| 235 Base Avenue, Unit # | 203, Venice, FL 3 | 4285 | | | | _ |
| 06/10/0007 | | | 07000064406 | | | |
| 06/19/2007 3. Date of filing/registra | - | L07000064486 4. Document number | | | | |
| 5. The name of the regis Florida Department of | stered agent and t | | | | of the | |
| | USA-RA, LL | | | | | |
| | | Name | | | | 9 |
| 873 WEST BAY DRIVE STE 105 | | | | • | 07 | SE SIVI |
| | 1 ADOO 51 01 | Address | | | AUG | 99 |
| | LARGO FL 3 | City, State and Zip | | | G | 27 |
| | 4.1 | • | | | 22 | 75 |
| 6. The name and addres | s of the new regi | stered agent and/or off | fice: | | 70 | |
| | Aubrev Dalle | n & Associates, LLC | • | | PH 12: | ררינ מעיר |
| | | Name | | | ' — | |
| 235 Base Avenue, Unit #203 | | | | | 00 | (Er |
| | Florida street | t address (P.O. Box No | OT acceptable) | | • | . F. |
| | Venice | Fi. 34285 | | • | | |
| | ¥011100 | FL 34285 City, State and Zip | | *· | | • |
| If the limited liability or confirmed that after the and the business office diability company, it is is of the members of the lor the operating agreem | change or chang of the registered hereby confirmed imited liability of ent of the limited | es are made, the Floridagent will be identical that the change(s) was ompany or as otherwish liability company. | la street address of Or, in the case of s/were authorized | of the register of a Florida lin I by an affirm | ed office mited ative vo | ete on |
| Ř. d | Ph. 14. | | | | | |
| (Printed or typed name of signs | Chartton | · · · · · · · · · · · · · · · · · · · | | | | |
| I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, i address. I hereby confir | Kukur | stered agent and agrees is relative to the proper ligations of my position is being filed to merely d liability company ha | e to gct in this cap and complete pe on as registered a reflect a change s been notified in | pacity. I furth rformance of gent as provid in the register writing of thi | er agre my duti ded for i red offic s chang | e to es, in :e e. |
| Divis | ion of Corporat | ions, P.O. Box 6327, | Tallahassec. Fl. | 32314 | | |
| -51110 | | FILING FEE: \$25.0 | | | | |

INHS18 (8/05)