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EXAMINER

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COVER LETTER

TO: Registration Division of	Section Corporations				
SUBJECT:	PETRUS Name of	Limited Liability Con	LL C mpany		
Dear Sir or Madam:	;				
The enclosed Regis	tered Agent/Registered (Office Change and fee	e(s) are submitted for	filing.	
Please return all cor	respondence concerning	this matter to the fol	lowing:		
Petrus 445 Gir	Benkould Name of Person Holdings Firm/Company And Bay driv Address ISCAYNE City/State and Zip Code	LLC ve suite 1218)	SECRETARY OF STATE TALLAHASSEE, FLORIDA	2010 FEB 12 PM 1:37
E-mail address: (to	be used for future annual report i	notification)			
For further informat	tion concerning this matt	· •	~ 2 9 9		
Elizobel	n Benkoulch	at(786)	493 0299 419 5687		
	of Person		le & Daytime Telephone Nu	mber	<u> </u>
Registration S Division of C Clifton Build	orporations ing ve Center Circle	Registration Division of P.O. Box 6	Corporations	·	
Enclosed is	a check for the following	ng amount:			
\$25 Filing	g Fee	\$55 Filin	g Fee & Certified Cop	ру	

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:PETRUS	HOLDINGS LLC
2. (a) Principal office address of limited liability company:	
(Note: MUST BE STREET ADDRESS)	Key Bucayne FL 33149
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	Key Bucoyne FL 33149
O7 /12 / 2007 3. Date of filing/registration in Florida 4.	L07000 72 433 Document number
5. (a) Registered Agent and Registered Office shown on th	e records of the Florida Dept. of State:
Registered Agent:	Elizabeth Benkovitch
Registered Office Address:	445 Grand Bay drive Scite 1210 Key Biscoyne F1 33149
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW Registered Agent</u> :	Registered Office address: Elizabeth Benkoutch
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Mami ,FL 33131
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company. Signature of a member or authorized representative of a member Chzobelh Benkoulch Printed or typed name of signee I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the progrand I am familiar with and accept the obligations of my possible to the progrand of the provisions of all statutes relative to the progrand I am familiar with and accept the obligations of my possible to the progrand of the provisions of the progrand of the provisions of the progrand I am familiar with and accept the obligations of my possible to the progrand of the progrand of the provisions of the progrand of the provisions of the progrand I am familiar with and accept the obligations of my possible to the progrand of the progrand of the provisions of the provisio	ws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Chzobeh Benkoulch Printed or typed name of signee	ws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization with the articles of organization are to act in this capacity. I further agree to per and complete performance of my diffessition as registered agential provided for the left of the registered office has been notified in writing of this change.

FILING FEE: \$25.00