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SECRETARY OF STATE
TALLANKSSE E. F. LORIDA

S. HAWKES

JUL 2 9 2009

EXAMINER

CTATEMENT 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.

agent, or both, in the State of Florida.	
1. Name of the limited liability company: 487	Tradewindella
2. (a) Principal office address of limited liability compar	y: KenBiANCO
(Note: MUST BE STREET ADDRESS)	236 LAGOON AVE NAPLES FLORIDO 34/08
(b) Mailing address of limited liability company:	KenBiANCO
(Note: MAY BE POST OFFICE BOX)	293 Sunrise Highway GynBrook New York 11563
8-02-2007 3. Date of filing/registration in Florida	$\frac{107000079424}{4. \text{ Document number}}$
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept-of State
Registered Agent:	HRAWG Corps & F
Registered Office Address:	BOCA RATON, FL 33431
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u>	W Registered Office address:
NEW Registered Agent:	TENNETH DIANCO
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	NAPLES ,FL 34108
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by.
Signature of a member or authorized representative of a member	 -
Frinted or 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 m address. I hereby confirm that the limited liability company.	agree to act in this capacity. I further agree to roper and complete performance of my duties, oosition as registered agent as provided for in the registered office office in his been notified in writing of this change.

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

INHS18 (05/08)

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