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(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Na	me)
(D	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Section Division of Corporations			
	HOMESTEAD BUSINESS LI	LC		
SUBJE	ECT:Name	e of Limited L	iability Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.	
Please	return all correspondence concerning this	s matter to the	following:	
LAEF	RCIO F.VALENTE	Name of Limited Liability Company In: Sistered Agent/Registered Office Change and fee(s) are submitted for filing. Correspondence concerning this matter to the following: ALENTE Name of Person POINTE PARKWAY # 109 Address L 32819 City/State and Zip Code agrama.com.br ress: (to be used for future annual report notification) mation concerning this matter, please call: ALENTE ALENTE 11 4223.9900 Area Code & Daytime Telephone Number T/COURIER ADDRESS: tion Section of Corporations Suilding P.O. Box 6327 Tallahassee, Florida 32314		
	Name of Person	,		
	Firm/Company			
7751	KINGSPOINTE PARKWAY # 109			
	Address			
ORL	ANDO,FL 32819		`	
	City/State and Zip Code			
Than	nires@diagrama.com.br			
	E-mail address: (to be used for future ann	ual report noti	fication)	
For fu	rther information concerning this matter,	please call:		
LAEF	RCIO F.VALENTE	11 at (4223.9900	
	Name of Person		Area Code & Daytime Telephon	ie Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P.	egistration Section ivision of Corporations O. Box 6327	
	Enclosed is a check for the following	amount:		
	☑ \$25 Filing Fee		S55 Filing Fee & Certified Copy	
INH\$1	18 (2/14)			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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

(4)		(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		ailing address of l		
	7751 Kingspointe Parkway #109			gspointe Par		
-	Orlando,Fl 32819		Orlando, F	1 32819		
(08/09/2007	I	_0700008	2311		
_	Date of filing/registration in Florida	4.	I	Document num	iber	
(a) _						
	Registered Agent and Registered Office shown on the records of Smarttax	the Florida	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)			at.	
_	513 E Sample Rd				رم _ا م میں اور	
	Pompano Beach , FI	33004		•	** ***	8 .
	, 1 1	L				Ç .
(b) _					in in First And	691
E	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:		3	至.
	Laercio F Valente				The second of the second	图 64 19
	NEW Registered Office Address:				- i	
	7751 Kingspointe Parkway #109					
	Orlando	32819				
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