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SECRETARY OF STATE
ANASSEE FI ORID.

J. BRYAN

JAN 24 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Asper	Name of Limited L	iability Company	
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/R	Registered Office Ch	ange and fee(s) are su	bmitted for filing.
Please	return all correspondence	concerning this matt	er to the following:	
	Mark Hutne Name of Perso	on on		
	Hutner Law Firm/Compan	Firm, PLL	C	SE SE
	3191 (by al Address Miami FL City/State and Zip	Way, Sui	te 504	JAN 21 PH 1: 14 ECRETARY OF STATE LAHASSEE. FLORIDA
E-	mail address: (to be used for future	annual report notification)		
For fu	rther information concerning	ng this matter, please	e call:	
	Mark Hutner Name of Person	at (Area Code & Daytime	5300 Telephone Number
	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ. Tallahassee, Florida 32301		MAILING ADDRES Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 3	ons
	Enclosed is a check for t	the following amour	ıt:	
\$25 Filing Fee			\$55 Filing Fee & Certified Copy	

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 und liability company submits the following statement in order to change its registered of agent, or both, in the State of Florida. 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Hutner Law Firm, PLLC Registered Agent: Executive Park Drive Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 vote 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.

Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this adjument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00