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Division of Corporations SUBJECT: FASTRAIN INVESTMENT LLC (Name of Limited Liability Company) Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **HUBERT LEANDRE** (Name of Person) FASTRAIN INVESTMENT LLC (Firm/Company) 8303 NW 35 ST (Address) CORAL SPRINGS, FL 33065 (City/State and Zip Code) For further information concerning this matter, please call: **HUBERT LEANDRE** (Area Code & Daytime Telephone Number) (Name of Person) STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$55 Filing Fee & Certified Copy \$25 Filing Fee

TO:

Registration Section

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. The name of the lim	ited liability company is: FAS	STRAIN INVESTMENT LLC		
		iny is: 8303 NW 35 ST, CORA	L SPRINGS, FL 3	3065
		<u> </u>		
08/27/2007		L07000087246		
3. Date of filing/registr	ation in Florida	4. Document numbe	r	
5. The name of the regi Florida Department		d office address as shown on t	the records of the	
,	BRUNEL THEUS			
	Na 5349 N STATE RD 7	me		
	Add	ress	7.2	•
	TAMARAC, FL 33319			come.
	City, Stat	•	CEE SEP	-
The name and address	s of the new registered agent	and/or office:	多素 よ	·
	HUBERT LEANDRE			M
	Nam	e	PM 4:	
	8303 NW 35 ST		: 35	
	Florida street address (P.	O. Box NOT acceptable)	្នាក់ ហ	
	CORAL SPRINGS FI	33065		
	City, State	and Zip		
confirmed that after the and the business office liability company, it is of the members of the or the operating agreem	change or changes are made, of the registered agent will be nereby confirmed that the challimited liability company or a lember the limited liability confirmed the limited liability confirmed liability liability confirmed liability liab	er the laws of the State of Flor the Florida street address of the elidentical. Or, in the case of singe(s) was/were authorized by the otherwise provided in the armany.	the registered offi a Florida limited	ce vote ition
(Signature of a member or au	orized lengeschitative of a njember)			
HUBERT LEANDRE /		and the state of t		
(Printed or typed name of sign	•			
	TIW	and agree to act in this capa the proper and complete perfo my position as registered age to merely reflect a change in mpany has been notified in w	city. I further agg ormance of my du nt as provided for the registered of riting of this char	ee to ties, r in rice ige.
(Signature of Hygistere has a		Roy 6327 Tallahassee, Fl. 3	2314	

FILING FEE: \$25.00