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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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2009 JAN 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

TRESIMPORT LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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M. THOMAS

JAN 28 2009

EXAMINER

H09000019311

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: TRESIMPORT LLC

2. (a) Principal office address of limited liability company: 16267 SW 83RD ST
(Note: MUST BE STREET ADDRESS) MIAMI, FL 33183

(b) Mailing address of limited liability company: 16267 SW 83RD ST
(Note: MAY BE POST OFFICE BOX) MIAMI, FL 33183

08/11/2007

3. Date of filing/registration in Florida

L07000083059

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

JOSE COLON

Registered Office Address:

10391 SW 139TH CT
MIAMI, FL 33185

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:MARY J. COLONNEW Registered Office Address:16267 SW 83RD ST(Note: MUST BE FLORIDA STREET ADDRESS)MIAMI, FL 33183

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.

Mary J. Colon
(Signature of a member or authorized representative of a member)

MARY J. COLON

(Printed or typed name of signer)

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 document 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.

Mary J. Colon
(Signature of Registered Agent)

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

JNHS18 (05/08)

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