101000095623

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SECRETARY OF STATE

, Miles

T. CLINE

JUL 16 2009

EXAMINER

COVER LETTER

TO: Registration Section

INHS18 (5/08)

Division of Corp	orations				
SUBJECT:	G	BGB	System	ns LLC	
				Company	
Dear Sir or Madam:					
The enclosed Registered	Agent/Registered	Office (Change ar	nd fee(s) are	submitted for filing.
Please return all correspondent	ondence concerning	g this m	atter to th	e following	:
	uis M. Soto				
Na	me of Person				
	3 Systems LLC	· · · · · ·			2000 TAL
Fir	m/Company				SAFE SAFE
	NW 207th Way				TARY CASSEE
Pembrok	e Pines, FL 3302	29			2009 JUL 15 AM 10: 42 SEGRETARY OF STATE TALLAHASSEE, FLORID
	ate and Zip Code				A C
Support@ E-mail address: (to be used	Ogbgbsystems.co	m notification	on)		
For further information of	concerning this mat	ter, ple	ase call:		
Luis M.	Soto	at (954)	907-6459
Name of Per	son	(_	Aı	ca Code & Day	time Telephone Number
STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations enter Circle		Regis Divisi P.O. I	LING ADDR tration Section ion of Corpor Box 6327 nassee, Florid	on rations
Tallahassee, Florid					
Enclosed is a ch	eck for the followi	ing am	ount:		
\$25 Filing Fee \$25 Filing Fee & Certified Copy					& 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 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. Na	me of the limited liability company:	GBGB Systems LLC							
2. <u>(a)</u>	Principal office address of limited liability compa	ıny: _	ny: GBGB Systems LLC						
_[(Note: MUST BE STREET ADDRESS)	330 NV Pembro	/ 207th Way oke Pines, FL	33029					
<u>(b)</u>	Mailing address of limited liability company:		GBGB Systems LLC						
-[1	(Note: MAY BE POST OFFICE BOX)	BOX) 330 NW 207th Way Pembroke Pines, FL 3302							
	September 19, 2007	L07000095623							
3. Dat	te of filing/registration in Florida	4. Docur	nent number						
5. (a)	Registered Agent and Registered Office shown of	on the record	ls of the Florida	Dept. of	State:				
	Registered Agent:	Luis M.	Soto						
	Registered Office Address:	12721 S Miami,	SW 115 Ave FL 33176	EC AEC	IIIF 600				
				ARY SSE	<u>2</u>	- mexate			
(b)	Enter name of NEW Registered Agent and/or N	EW Registo	ered Office add	ress	*	M			
	<u>NEW</u> Registered Agent:	<u>-</u>		물론	_ t				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRI			V 207th Way	0.0	t 2				
		Pembro	ke Pines	,FI	. <u>33029</u>				
confir and th liabilit of the or the	limited liability company is not organized under the med that after the change or changes are made, the le business office of the registered agent will be idently company, it is hereby confirmed that the change members of the limited liability company or as off operating agreement of the limited liability company or as office of a member or authorized representative of a member	EFlorida streentical. Or, e(s) was/wer herwise prov	et address of the	e register Florida li	red offic imited	e ote on			
	or typed name of signee	d agrees to a	at in this conscit	. <i>16</i>	har arm	na to			
compliand I Chapi addre	eby accept the appointment as registered agent and with the provisions of all statutes relative to the amfamiliar with and accept the obligations of my ler 608, F.S. Or, if this apcument is being filed to see, I hereby dunfirm that the limited liability composition.	u agree to a proper and position as i merely refle any has beet	ci in inis capacit complete perfori registered agent ct a change in th n notified in writ	y. 1 juru nance oj as provi e registe ing of th	my duti ided for ered officies is chang	ies, in ce ze.			
Signatu	ire of Registered Agent								

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