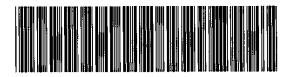
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Special Instructions to Filing Officer:					

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SECRETARY OF STATE
ASSESSED. FLORIDA

T. CLINE
JUL 1 4 2009

**EXAMINER** 

## **COVER LETTER**

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:  BRANCA: Enri's  Name of Person  Sence Mostfeet Seauces  Firm/Company  240 (sr Ant South Soure 303  Address  St. Person St. 3770/  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Vinormy Mulicy  Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  \$\begin{array}{c} \text{SSF Filing Fee} \text{ SSF Filing Fee & Certified Copy} \end{array}		tion Section of Corporation	3						
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:  **BMBAGA.** Enris**  Name of Person  Seure Montgast Seaves*  Firm/Company  240 (1st Aut South	SUBJECT:	Stune 11	NORTHAUE S	GEVICE	3				
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Seare Montgast Searces  Firm/Company  240 (st Art South gaire 303  Address  SIPERASBUS. H 3770/  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Linormy Alausay  Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:	Please return all	correspondence	concerning this	matter to	the following	ng:			
Seare Montgast Searces  Firm/Company  240 (st Art South gaire 303  Address  SIPERASBUS. H 3770/  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Linormy Alausay  Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:	P . •	,							
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E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Linding   Autump   at (707 ) 641 · 6542     Name of Person   Area Code & Daytime Telephone Number      STREET/COURIER ADDRESS:   Registration Section   Registration Section   Division of Corporations   Division of Corporations   Clifton Building   P.O. Box 6327     2661 Executive Center Circle   Tallahassee, Florida 32301     Enclosed is a check for the following amount:							Dim	2	
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Tallahassee, Florida 32301  Enclosed is a check for the following amount:				* 101 2011 002 .					
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INHS18 (5/08)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\dot{}$

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: Soune M	102+999E SERVICES LLC				
2. (a) Principal office address of limited liability company:	240 IST AVE South				
(Note: MUST BE STREET ADDRESS)	240 150 AVE SOUTH SUITE 303 St. PETERSBURG, H 33701				
(b) Mailing address of limited liability company:	240 15T AVE South SUITE 303				
(Note: MAY BE POST OFFICE BOX)	St. PETENSÜG: Flow 33 701 SUIZ 303				
9/26/2007	107000098776				
3. Date of filing/registration in Florida 4	Document number				
5. (a) Registered Agent and Registered Office shown on the					
Registered Agent:	6105 LIPS COLORED TO				
Registered Office Address:	Guirant, re toros.				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Registered Office address:  BANBANA Enris  JUV 151 AVE SONTH  SUITE 303  SI. PHYNSBURS, FL 33701				
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 of authorized representative of a member					
Printed or typed name of signee					
I hereby accept the appointment as registered agent and am familiar with and accept the obligations of my post Chapter 608, F.S. Or if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, itjon as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.				

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