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SECRETARY OF STATE
TALLAHASSEE, FLORID

D. BRUCE

JAN 14 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	NAL BROABBAND SOLUTIONS, LLC (Name of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/R	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence of	concerning this matter to the following:
ALBERTO F (Name of Person	
INTERNATIONAL BROOKING	OADBAND SOLUTIONS, LLC
4374 COCONUT A	PASS OF SECTION OF THE SECTION OF T
(Address)	SECRETAN IL
BONITA SPRINGS	77 L, 37237
(City/State and Zip	Code)
For further information concerning	
ALBERTO FUSI	at (754) 581-1513
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327
Enclosed is a check for th	e following amount:
■\$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 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 limite	d liability company is: אשלים	VATIONAL BROADS	AND SOLUTIONS, LL
2. The mailing address of	the limited liability company is	OLD ADDRESS:	2781 5 W 17 TH CT, LANTATION, FL 3331
	26, BONITA SPRINGS, 1		_
10/11/2007		407000103	3605
3. Date of filing/registrati		4. Document number	r
5. The name of the registe Florida Department of S	red agent and the registered office State:  Name  1330 2 (1) 1 Address  TAMM	0	he records of the Agents, Inc.  SuiteAtox
6.77	City, State and	3010 -	OS TAL
6. The name and address of	of the new registered agent and/o	or office:	F   08 JAN SECRL T
	ALBERTO FUSI		TAR TAR
	4374 COCONUT RI	>	
•	Florida street address (P.O. Bo	ox NOT acceptable)	
e	BONITA SPRINGS FL 3	84134	2: 35 CORIDA
	City, State and 2	Zip	
and the business office of liability company, it is her	pany is not organized under the lange or changes are made, the I the registered agent will be idented to confirmed that the change (sited liability company or as other tof the limited liability company	Torida street address of the tical. Or, in the case of a solution was/were authorized by	he registered office Florida limited an affirmative vote
(Signature of a member or authorize	zed representative of a member)	_	
ALBERTO FUSI (Printed or typed name of signee)		-	
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm the Als It. Dun	ntment as registered agent and a s of all statutes relative to the pr l accept the obligations of my po his document is being filed to me that the limited liability compan	agree to act in this capact oper and complete perfoi ssition as registered agen erely reflect a change in t y has been notified in wr	ity. I further agree to rmance of my duties, t as provided for in he registered office iting of this change.

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

(Signature of Registered Agent)