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SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Perry Parsent i LC. Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
Same of Person			
Perny Arbens / LLC Firm/Company			
7300 North Vaschill Daise	Soide 519		
M. Ami, F1 33156 City/State and Zip Code			
E-mail address: (to be used for future annual report notification	n) Net		
For further information concerning this matter, please call:			
Jones F. Depay at (_	305) 670 - 8008 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the 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. Name of the limited liability company: Pera-	Appear 1, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	5174 519 Mion: F1 33156
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7300 North Words 11 Doise 50:42 519 17:19 41 33156
<i>April</i> 23. アンタ 3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	CORP Direct Agents Tru
Registered Office Address:	515 EAST PARK AUC TOHOLOUSE , FI 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> .	W Registered Office address: Somer F. Perry
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	50: to 519 7300 North Kendall Drive Mismi FL 33156
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product of am familiar with and accept the obligations of my possible to the production of the limited liability company address, I hereby confirm that the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative was wise provided in the articles of organization of CORFORAT

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