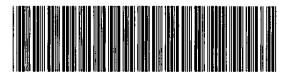
L07000109703

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				



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SECRETARY OF STATE

Office Use Only

COVER LETTER

Division of Corporations			
SUBJECT: PREPSMART, LLC			
(Name of Limi	ted Liability Company)		
- (1)			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Adrian E. Alvarez			
(Name of Person)			
PrepSmart, LLC (Firm/Company)			
(Firm/Company)			
7505 SW 100th Ct			
(Address)			
Miami, FL 33173			
(City/State and Zip Code)			
For further information concerning this matter, p	please call:		
	(305)546-8367		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	Tananassee, Florida 52514		
Enclosed is a check for the following a	mount:		
\$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 provis liability company subm agent, or both, in the St	ions of sections 608.41 its the following statem ate of Florida.	6 or 608.508, Florida Stati ent in order to change its r	ites, the undersigned limited egistered office or registered
1. The name of the lim	ited liability company is	PrepSmart, LLC	
			62, Miami, FL 33283-3162
11/13/2007		L0700010970	 03
3. Date of filing/registr	ation in Florida	4. Document	number
5. The name of the regi Florida Department of		stered office address as show	vn on the records of the
, -	American Safety Co	ouncil, Inc	
h ?	-	Name	· ·
Y F	5125 Adanson St.,		_ \$0 8 M
	- -	Address	一点
<i>'</i>	Orlando, FL 32804	, State and Zip	
1	•	*	55.2
6.,The name and address	ss of the new registered a	agent and/or office:	馬魚 差 领
ŗ	Jorge A. Fernandez	. D Δ	F. 5.
	Jorge A. I emandez	Name	
	150 Alhambra Cir.,		7
		ss (P.O. Box NOT acceptabl	<u>e</u>)
	Coral Gables,	FL 33134	
•	City,	State and Zip	
confirmed that after the and the business office liability company, it is of the members of the or the operating agreen	change or changes are a	ty company.	ess of the registered office
	•		
Adrian E. Alvarez (Printed or typed name of sign	nee)		
` -		agent and agree to act in thi ve to the proper and comple ons of my position as register of filed to merely reflect a cha lity company has been notific	s capacity. I further agree to te performance of my duties, ed agent as provided for in inge in the registered office ed in writing of this change.

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

(Signature of Register (Kgent)