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B. KOHR

SEP 27 2010

EXAMINER

COVER LETTER

Division of Corporations
Division of Corporations SUBJECT: Cenentos Expresos del Caribe, LLC Name of Limited Liability Company Dear Sir or Madam:
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:
Matto Richard / Flavre aption
Conentor Expresos ilel Cuarbe, UC
1760 Mayor court Address
Wespon, #2 33326. City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Matte Richard at (786) 486-6238 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\infty\$ \$55 Filing Fee & Certified Copy

TO: Registration Section

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.

agent, or both, in the State of Florida.	
1. Name of the limited liability company:	Expresos del Caribe la
2. (a) Principal office address of limited liability company	1260 Manon count
(Note: MUST BE STREET ADDRESS)	Weston, FZ 33326
(b) Mailing address of limited liability company:	1260 Maron count
(Note: MAY BE POST OFFICE BOX)	Weston, Fr 33326
11/26/2007	L07000117579
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	Mispanic Financial tong Stanto For
Registered Office Address:	7401 Wills Pd. #11名皇 Conal Springs, FL 33003 完
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1260 MUMOR count Weston ,FL 33326
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fland the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of a member or authorized representative of a member	•
Mates Richard	_
Printed or typed name of signee	
I hereby accept the appointment as registered agent and agent comply with the provisions of all statutes relative to the province I 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, ition as registered agent as provided for in
address, I hereby confirm that the timiled liability company	ely reflect a change in the registered office has been notified in writing of this change.

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