Division of Corporations

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# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Phone

Fax Number : (561)694-1639

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## LLC REGISTERED AGENT CHANGE UMG TOWING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

**EXAMINER** 

# 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 affice or registered agent, or both, in the State of Florida.

Name of the limited liability company:	UMG Towing LLC		
2. (a) Principal office address of limited liability company	601 S HARBOUR ISL		۷Đ
(Note: MUST BE STREET ADDRESS)	STF 230 TAMPA FL 33602	<u> </u>	TAFER
(b) Mailing address of limited liability company:		SSS	21
(Note: MAY BE POST OFFICE BOX)			<u> </u>
11/28/2007	L07000119011	R.A.	
3. Date of filing/registration in Florida	4. Document number	. 20	<del></del>
<ol> <li>(a) Registered Agent and Registered Office shown on the Registered Agent:</li> <li>Registered Office Address:</li> </ol>	CORPORATION SERVICE ( 1201 HAYS STREET TALLAHASSEE FL 32501 US	COMPA	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:		
NEW Registered Agent	Corporate Creations Network	inc.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11380 Prospenty Farms Roa Palm Beach Gardens F	d #221E L 33410	<u> </u>
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company in 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 or a member or authorized topics on any or member  Kristine Roy, as Autorosy-in-Fact  Printed or typed name of signee	ical. Or, in the case of a Florida i was/were authorized by an affin wise provided in the articles of or	imited native vo rganizatio	ite on
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and Lark families with and accept the obligations of my post Chapter 608. Its Original accept the obligations of my post chapter 608. Its Original accuments being filed to mer address, happy confirm that the limited liability company Signyture of Registers Appel.  Signyture of Registers Appel.	gree to act in this capacity. I furt per and complete performance of ition as registered agent as prov- ely reflect a change in the regist, has been notified in writing of the Roy, Special Socretary	her agree f my ante ided for i ered offic nis change	7 10 58, N € E.
Division of Corporations, P.O. Box 632 FILING FEE: \$2	7, Tallahassee, FL 32314 5.00		

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### **FAX COVER SHEET**

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COMPANY		
FAX NUMBER	18506176383	
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DATE	4/21/2011 11:17:34 AM PDT	
RE	Chrognosys LLC 9745622	•••••

#### COVER MESSAGE

Ani Muradian | Business Special Filing Specialist

323.962.8600 x 7950 | Fax 323.962.8300 | amuradian@legalzoom.com

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