## 207000119233

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JL SAULSBERRY EXAMINER

JUN 22 2011

## **COVER LETTER**

Division of Corporations		
SUBJECT: Frontier Internation Name of Limite	od, LLC.	
Dear Sir or Madam:		
Dear Sir or Madam.		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for	or filing.
Please return all correspondence concerning this n	natter to the following:	
Fares Chandow Name of Person	<del></del>	
Frontier International, LLC Firm/Company	·•	2011 J SECA
1862 NE 144th Street		II JUN 20 PM IZ: 57 ECRETARY OF STATE LAHASSEE, FLORID
Worth Miami, Fl. 33181 City/State and Zip Code		M 12: 57 F STATE F LORIDA
E-mail address: (to be used for future annual report notificat	net_	
For further information concerning this matter, ple	ease call:	
<u>Fares Chandour</u> at (	305 392-19:29  Area Code & Daytime Telephone N	Jumber
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 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 am	ount:	
525 Filing Fee	\$55 Filing Fee & Certified C	opv



## 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: Frontier	International, LLC.	
2. (a) Principal office address of limited liability compan	250 125 Will al mal	
(Note: MUST BE STREET ADDRESS)	North Miami, Fl. 33181	
(b) Mailing address of limited liability company:	Same as principal address	
(Note: MAY BE POST OFFICE BOX)		
<u>"/84/3003</u>	L01000 119233 5 5 7	
3. Date of filing/registration in Florida	20 SS	
5. (a) Registered Agent and Registered Office shown on		
Registered Agent:	Fares Chandour :	
Registered Office Address:	nyani Fi 33166	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	V Registered Office address:  Fares Chandow  1852 NE 144H Shreet	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Dorth Miami ,FL 33181	
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 identiability 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	Torida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote	
Signature of a member or authorized representative of a member	-	
Printed or typed name of signee	5K	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confifm that the limited liability compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in the registered office by has been notified in writing of this change	

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

Signature of Register