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(Requestor's Name)					
(Address)					
(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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B. BOSTICK
MAY 1 2 2011
EXAMINER

COVER LETTER

TO: Registration Se Division of Co				
SUBJECT:		Marcela Angu f Limited Liabilit		
Dear Sir or Madam:				
The enclosed Register	ed Agent/Registered	Office Change a	and fee(s) are submitted	for filing.
Please return all corre	spondence concernir	g this matter to t	he following:	
	Aarcela Angulo			
	Name of Person		-	
Mar	cela Angulo, LLC		-	런
	Firm/Company			
135	Weston Rd. #191		-	ARY I
	Address			H AH AMBSEF, FL
	eston, FL 33326 //State and Zip Code		-	TOWAY IT ANTICLE STATE
	·	m		A
E-mail address: (to be u	aleexperts@aol.co	t notification)	-	
For further informatio	n concerning this ma	tter, please call:		
marcy AN	64LG Person	at (<u>954</u>	rea Code & Daytime Telephon	e Number
STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, Flo	porations Center Circle	MAI Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314	
Enclosed is a	check for the follow	ing amount:		
\$25 Filing F	ee	\$55	Filing Fee & Certified	Сору

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:	Marcela Angulo, LLC	
2. (a) Principal office address of limited liability company	: 135 Weston Rd. #191	
(Note: MUST BE STREET ADDRESS)	Weston, FL 33326	
(b) Mailing address of limited liability company:	135 Weston Rd. #191	
(Note: MAY BE POST OFFICE BOX)	Weston, FL 33326	
12/28/2007	L07000127764	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
Registered Agent:	Marcela Angulo	
Registered Office Address:	956 TOWN CENTER BLVD #215 PRLANDO FL 32837	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	135 Weston Rd. #191	
(MUST BE FLORIDA STREET ADDRESS)		
	Weston ,FL 33326	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.	orida street address of the registered office	
Signature of a member or authorized representative of a member	Transfer	
Signature of an incincer of authorized representative of a member	Control of the contro	
Marcela Angulo	Ty Trium	
Printed or typed name of signee		
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the proj and I am familiar with and accept the obligations of my pos 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. Further agree to per and complete performance of my duties, it in as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change	

Signature of Registered Agent