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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAI	L	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	Certo Cito Communications, LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/R	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence of	concerning this matter to the following:
Dave Bu	
Name of Perso	1
Certo Cito Commun Firm/Company	
3750 Galt Ocea	an Drive
Fort Lauderdale, City/State and Zip	
davebull@eartl E-mail address: (to be used for future a	nlink.net nnual report notification)
For further information concerning	g this matter, please call:
Francis J. Sands CPA	
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDI	RESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for th	e following amount:
\$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 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: Cert	liability company: Certo Cito Communications, LLC	
2. (a) Principal office address of limited liability company	y: 3750 Galt Ocean Drive	
(Note: MUST BE STREET ADDRESS)	Fort Lauderdale FL, 33308	
(b) Mailing address of limited liability company:	3750 Galt Ocean Drive	
(Note: MAY BE POST OFFICE BOX)	Fort Lauderdale, FL 33308	
12/28/2007	L07000127978	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	Corporation Service Company	
Registered Office Address:	1201 Hays Street Tallahassee, FL 32301	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address		
NEW Registered Agent:	Dave Bull	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3750 Galt Ocean Drive ST N T	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member		
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro 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 confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.	

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

Signature of Registered Agent