(08000)05222

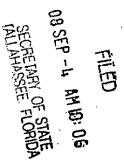
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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M. THOMAS
SEP - 5 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	TECT: Ex Flywest Properties, L (Name of	of Limited Liability Company)	_ 0
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning	this matter to the following:	
Evaen	y Chernichenko		ુ
Evgen	(Name of Person)		PEG SER
Aword	1 11		OB SEP -4 AM ID: 06
	(Firm/Company)		M IS: 06
12700	Biscayne Blvd. #305A North Miami, FL 3 (Address)	33181	OHO CO
North	Miami / Florida 33181 (City/State and Zip Code)		
For fu	urther information concerning this matte	er, please call:	
Evgen	y Chernichenko	at (305) 830-9470	_
	(Name of Person)	(Area Code & Daytime Telephone Number)	
	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	g 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.	Nar	ne of the li	mited liabilit	y company:	Ex Flywest	Properties	L.L.C.	·		23
2.	(a)	Principal of (Note: M	office addres IUST BE ST	s of limited l	iability company <i>RESS</i>)	: 6767 Collin Miami Beach	s Ave #2103 n Florida 33141			9
	(b)		idress of lim IAY BE POS				Linc. yne Blvd. Ste 30 Florida 33181	05 A		0 0
	15/2 Dat		registration i	n Florida	_	L080000052:				
5.	(a)	Registere	d Agent and	Registered C	Office shown on	the records o	f the Florida D	ept. of State	:	
		Registered	i Agent:			AURA OLI	VAS, P.A.	물법	- 8	
		Registered	d Office Add	ress:		4000 PONO CORAL GA	E DE LEON I ABLES FL 331	BLVD 447	<u> </u>	門田
	(b)	Enter nam	e of <u>NEW R</u>	egistered A	gent and/or NE	W Registere	d Office addre	E FLORE	AT DI: OF	
		NEW Reg	gistered Age	nt:	•	Evgeny Che	rnichenko	9		•
		<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		Aword Inc 12700 Bisca North Miami	vne Blvd #305.	FL 3318	31			
	. 1 1		*1**			C4L - C	-46 Pl: 1-	!4 !- II		1

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 or authorized representative of a member)

Magnus Larsson

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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