LUKUWUUGIUZ

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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B. KOHR

MAY 2 8 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	5 ·
SUBJECT: AMERICAN WOR	d Scooles imited Liability Company
Dear Sir or Madam:	·
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
PodorFU A. Comas Name of Person	
American world supporting Firm/Company	nies IIC
7601 NW 68 St. Unit	# 125
Micmi F1 33166 City/State and Zip Code	,
AUSCIPILES Q DOLLSOUTH . E-mail address: (to be used for future annual report no	ne+
For further information concerning this matte	r, please call:
RodolFo CBdel Comes Name of Person	at (305) 344 5223 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.

ageni, or both, in the state of Piortaa.		
1. Name of the limited liability company:	n World Supplies IIC	
2. (a) Principal office address of limited liability compan	y:	
(Note: MUST BE STREET ADDRESS)	7601 NW 68 St. Suite H 129 MICONI, FI 33166	
(b) Mailing address of limited liability company:	****	
(Note: MAY BE POST OFFICE BOX)	7601 NW 6854, 50 # 125 HIMI FI 33166	
3. Date of filing/registration in Florida	1. 0800009102 3 4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State		
Registered Agent:	COM 45, RODOIFO A S. \$	
Registered Office Address:	7601 NW 685t. (nH 126 HIGMI FI 33166 (15)	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7601 NW 68 St. Unit 125 Migmi ,FL 33166	
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. Accordance of a member or authorized representative of a member		
Printed or typed name of signed	-	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of all statutes relative to the provision of and I am familiar with and accept the obligations of my pochapter \$(8, 1, 5, 0), if this document is being filed to me address. Thereby confirm that the limited liability company	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 erely reflect a change in the registered office by 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