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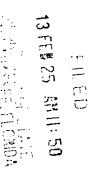
(Re	questor's Name)				
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K.SALY EXAMINER FEB 27 2013

COVER LETTER

INHS18 (5/08)

TO: Registration Section Division of Corporations	•						
SUBJECT: PARUSA TRADING LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.						
Please return all correspondence concerning the	his matter to the following:						
LISA M. CARDOZO							
Name of Person							
PARUSA TRADING LLC							
Firm/Company							
9022 SW 123 COURT, APT.	209						
Address							
HIAMI FLORIDA 33186							
City/State and Zip Code							
PARWSATRADING@GMAIL.CO.							
E-mail address: (to be used for future annual report no	tification)						
For further information concerning this matte	r, please call:						
LISA H. CARDOLD	at (305) 793-1746 Area Code & Daytime Telephone Number						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS:	MAILING ADDRESS:						
Registration Section	Registration Section						
Division of Corporations	Division of Corporations						
Clifton Building	P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314						
Enclosed is a check for the 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.	Nar	me of the limited liability company:	PARUSA	TRAMNE LIC			
2.	(a) Principal office address of limited liability.						
		(Note: MUST BE STREET ADDRESS)		APT. 209			
				HIAMI, FLORIAGE 3318	36		
	(b)	(b) Mailing address of limited liability company:		9022 fu 123 cover			
		(Note: MAY BE POST OFFICE BOX)	_	APT. 209			
				MIAMI, FWHDA 3318	<u>ه</u>		
		02/21/2008	_	L080000 18556			
3.	Dat	e of filing/registration in Florida	4.	Document number	1		
5.	(a)	a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		Registered Agent:	_	USA H. CARDOZO	= 0		
		Registered Office Address:		9022 Sw 123 cover 3/4	, -		
		The grant of the first frame of		APT 209			
			_	MIAMI FLORIDA 335	56		
		NEW Registered Agent:					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)			9022 8W 123 COJET				
		<u>(SS)</u>	APT. 209				
			_	rti Arrii ,FL_	331a6		
and lial the	d the bility mer	imited liability company is not organized ur ned that after the change or changes are made business office of the registered agent will y company, it is hereby confirmed that the combers of the limited liability company or as trating agreement of the limited liability con-	de, the Flori be identica hange(s) wa otherwise	ida street address of the registered I. Or, in the case of a Florida lim as/were authorized by an affirmat	l office ited ive vote of		
		SA N. CARBOES					
		r typed name of signee					
I k cor and Ch add	iereh nply d La apte dresp	by accept the appointment as registered age with the provisions of all statutes relative to m familiar with and accept the obligations r 608, F.S. Or, if this document is being files. I hereby confirm that the limited liability	ent and agree to the prope of my positi ed to merel company he	ee to act in this capacity. I furthe er and complete performance of n ion as registered agent as provide y reflect a change in the registere as been notified in writing of this	r agree to ny duties, ed for in ed office change.		

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