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(Requestor's Name) (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:
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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2009 AUG IL AM IO: 54 SECRETARY OF STATE

M. THOMAS

AUG 17 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JR SMAL EVELVES, LCC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person TR SHOLL GNGINES LLC Firm/Company (8869. Town Harbour Blvo Apt. 1313 Address Bora Raton, Ft. 33433 City/State and Zip Code Kudilaca holmail and E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	TILEC
ELLEN KUDIL A at (501) 703.0828 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 amount:	
\$25 Filing Fee \$25 Filing Fee & Certified Copy	

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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: The state of the limited liability company of the liability company	194 ENGINES, LLC
2. (a) Principal office address of limited liability company	y:
(Note: MUST BE STREET ADDRESS)	6869 Town Harbour Blvd. Apt 13(Born Raton, FL 33433
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	6869 Town Horbour Blvd. Apr. 1313 Bora Ration, FL 33433
3/4/08	L08000024599
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	GLON LUDIKA TOTA F
Registered Office Address:	By Paton 17 33433
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: 6100 KUOIKA
NEW Registered Office Address:	6869 Town Hormor Blv1. Apr. 1313
(MUST BE FLORIDA STREET ADDRESS)	BOTA RATON , FL 33433
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
ELEN KUDIKS	_
Printed or typed name of signce I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby 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 crely reflect a change in the registered office by has been notified in writing of this change.

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

INHS18 (05/08)

Signature of Registered Agent