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DIVISION OF CORPORATIONS

J. BRYAN

MAR 2 5 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Agoraz.com LLC (Name of I	Limited Liability Company)	
Dear Sir or Madam:	•	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Rob Shahady		
(Name of Person)		
Adorno & Yoss LLP		88 (F)
(Firm/Company)		TAN SECTION
350 East Las Olas Blvd Ste 1700		08 MAR 24 PM 4: 07
(Address)		PH
Ft. Lauderdale, Florida 33301		PH 4: 07
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	- NS
For further information concerning this matt	ter, please call:	
Rob Shahady	at (954) 766-7865	
(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	ng 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. The name of the limited liability company is	S; Agoraz.com LLC	
2. The mailing address of the limited liability of	company is : 1100 NW 163rd D	rive Ste 3
North Miami, Florida 33169		
March 10, 2008	L08000025116	
3. Date of filing/registration in Florida	4. Document n	umber
5. The name of the registered agent and the reg Florida Department of State:	istered office address as show	n on the records of the
ANK Networks LL	С	
	Name	_
1100 NW 163rd Driv	ve Ste 3	<u></u>
	Address	_ & 01/2
N. Miami, Florida 33169		SECRET OR MAR
City	, State and Zip	方で
6. The name and address of the new registered	agent and/or office:	TARY OF CO
Adorno & Yoss LLF	c/o Rob Shahady	PA RPO
	Name	STATE OF COLUMN ACTION
350 East Las Olas B		
Florida street addre	ss (P.O. Box NOT acceptable)	ν ,
Ft. Lauderdale	FL 33301	
City,	State and Zip	
If the limited liability company is not organized confirmed that after the change or changes are and the business office of the registered agent whishility company, it is hereby confirmed that the of the members of the limited liability compan or the operating agreement of the limited liability compans or the operating agreement of the limited liability. (Signature of a member or authorized representative of a mem	made, the Florida street addreswill be identical. Or, in the case change(s) was/were authority or as otherwise provided in the company.	ss of the registered office se of a Florida limited zed by an affirmative vote
Anastasios Kyriakides II		
(Printed or typed name of signee)		
I hereby accept the appointment as registered comply with the provisions of all statutes relation and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability of Registered Agent)	agent and agree to act in this ve to the proper and complete ins of my position as registered filed to merely reflect a chan lity company has been notified	capacity. I further agree to performance of my duties, dagent as provided for in ge in the registered office in writing of this change.

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

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