## L08000027879

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SECRETARY OF STATE

## **COVER LETTER**

INHS18 (5/08)

## 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.

Anno III	CA IND LLC	
<ol> <li>Name of the limited liability company: <u>Areas US</u></li> <li>(a) Principal office address of limited liability company</li> </ol>		90
(Note: MUST BE STREET ADDRESS)	Miami, FL 33126	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		SECRE APR
		ASS ASS
3/18/2008	L080000278 <b>7</b> 9	E P
3. Date of filing/registration in Florida	4. Document number	2: 2: STAT
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept.	
Registered Agent:	Corporate Creations Network, Inc.	
Registered Office Address:	11380 Prosperity Farms Rd., #221E Palm Beach Gardens, FL 33410	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address:  Richard L. Barbara, Esq.	
NEW Registered Office Audress: (MUST BE FLORIDA STREET ADDRESS)	Alvarez, Almazan & Barbara, LLP 2701 South Bayshore Drive, Suite 305 Miami,FL 33133	
If the limited liability company is not organized under that after the change or changes are made, the Florida soffice of the registered agent will be identical. Or, in thereby confirmed that the change(s) was/were authoriz liability company or as otherwise provided in the articlimited liability company.	the laws of the State of Florida, it is street address of the registered office he case of a Florida limited liability of the deby an affirmative vote of the men es of organization or the operating a	hereby confirmed and the business company, it is abers of the limited greement of the
(Signature of a member or authorized representative of a member)  Francesco Ball.  (Printed or typed name of signee)  I hereby accept the appointment as registered agent at comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my posit F.S. Or, if this decument is being filed to merely reflect confirm that the limited ligibility company has been not	nd agree to act in this capacity. I fur e proper and complete performance c tion as registered agent as provided	ther agree to of my duties, and I for in Chapter 608.
(Signature of Registered Agent)	t a change in the registered office at ified in writing of this change.  Box 6327, Tallahassee, FL 32314	ldress, I héreby

**FILING FEE: \$25.00**