## 608000041991

| (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: |
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Office Use Only



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EXAMINER

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Los Enterprises LLC.  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:  |
| Zaida m. Consalez Name of Person   |
| ZLos Enterprises, LLC.  Firm/Company  TALLATION  TALLATION  TO A COMMON TO SECRETARY  TO A COMMO |
| Address Address  |
| Orlando, H 32806  City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Zaida M. Genzalez at (401) 425-2504  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   |

## . . . 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:  | os Enterprises, LLC  |
|--|--|
| 2. (a) Principal office address of limited liability compan  |  |
| (Note: MUST BE STREET ADDRESS)   | Sik 197<br>Onando, FL 32806  |
| (b) Mailing address of limited liability company:  |  |
| (Note: MAY BE POST OFFICE BOX)   |  |
| April 2545, 2008  3. Date of filing/registration in Florida  | <u>L08000041991</u> 4. Document number   |
| 5. (a) Registered Agent and Registered Office shown on   |  |
| Registered Agent:  | Carlos C. Colon 3  |
| Registered Office Address:   | 45 W. Cystal Care St.  |
|  | Octando, FL 72806  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>   | W Registered Office address  |
| NEW Registered Agent:  | Zada M. Genzalez   |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  | 45 W. Christal Lake St<br>Svite 197<br>Orlando FL 32806  |
| 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 | lorida street address of the registered office   |
| Printed or typed name of signee  Printed or typed name of signee   | _  |
| I hereby accept the appointment as registered agent and a<br>comply with the provisions of all statutes relative to the pr<br>and I am familiar with and accept the obligations of my po<br>Chapter 608, F.S. Or, if this document imbeling filed to me<br>address, I hereby confirm that the limited liability company  | gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change. |
| Signature of Registered Agent  |  |
| Division of Corporations, P.O. Box 63 FILING FEE: \$2  |  |