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ertified Copies	Certificates of Status
	as to Filing Officer

L. SELLERS

MAR 2 5, 2010

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	•		
SUBJECT: MEtricholt. con LLC (Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Allan R. Adelson (Name of Person)			
Metricholt.com LLC (Firm/Company)			
14930 Corporate Rd. South #19			
Cupiter FL 33478 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Cindy Shaffran at (248) 417 8801 (Area Code & Daytime Telephone Number)			
Registration Section R Division of Corporations D Clifton Building P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, 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

Allan R. Adelson

Name
14930 Corporate Pol. South #19

Florida street address (P.O. Box NOT acceptable)

Jupiter FL 33478

City, State and Zip

confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Floridadamited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member of authorized representative of a member)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I pereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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