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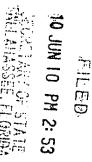
| (Re | questor's Name) | | | |
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| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| (| , | | | |
| Certified Copies | _ Certificates | of Status | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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S. HAWKES
JUN 1 1 2010
EXAMINER

COVER LETTER

| Ł | TO: Registration Section Division of Corporations | | | | |
|--|---|---|--|--|--|
| | SUBJECT: Torraca Holding | Company, LLC | | | |
| | Name of Lyprite | d 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: | | | | |
| | Ange L. Sanchez Torraca Name of Person | | | | |
| • | Jorraca Holding Company, Cle | | | | |
| | 1008 Berkeley Dr. Address | | | | |
| | Kissimmee FL 34744 City/State and Zip Code | | | | |
| L | Forraca. H. Company (a gnail. com E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | | |
| Angel L. Sancher Torraca at (407) 218-2891 | | | | | |
| Name of Person Area Code & Daytime Telephone Number | | | | | |
| | STREET/COURIER ADDRESS: | MAILING ADDRESS: | | | |
| | Registration Section Division of Corporations | Registration Section Division of Corporations | | | |
| | Clifton Building | P.O. Box 6327 | | | |
| | 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 | | | | |
| | 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

| liability company submits the following statement in ordinagent, or both, in the State of Florida. | er to change its registered office or registered |
|--|---|
| 1. Name of the limited liability company: Torraca | Helding Company & Ldc |
| 2. (a) Principal office address of limited liability compan | |
| (Note: MUST BE STREET ADDRESS) | 2391 Broken Film Place |
| (b) Mailing address of limited liability company: | Po Box 700304 |
| (Note: MAY BE POST OFFICE BOX) | St. Cloud, #234744 |
| 6/25/2008 | 208000062110 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: |
| Registered Agent: | ANGELL. SANCHEZ TORRACH |
| Registered Office Address: | 1008 Berkeley Dr. Kissimmer, FL 34744 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | W Registered Office address: ANGEL L. SHNCHEZ TORKACA 1008 Barkeley Dr. Riscimpoed |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability 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. | Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization |
| Signature of a member or authorized representative of a member | _ |
| ANGEL L. SAWCHEZ TORRACA Printed or typed name of signee | _ |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pr | agree to act in this capacity. I further agree to |
| comply with the provisions of all statules relative to the provisions of all statules relative to the provision and I am familiar with and accept the obligations of my post Chapter 608 If S. Or, if this document is being filed to me address, I hereby confirm that the limited trability company | oper that complete performance of the duties, obsition as registered agent as provided for in crely reflect a change in the registered office by has been notified in writing of this change. |
| and I am familifir with and accept the obligations of my portugation of my portugati | oper that complete performance of my quites, ossition as registered agent as provided for in crely reflect a change in the registered office by has been notified in writing of this change. |

FILING FEE: \$25.00