## LOBOOO 102709

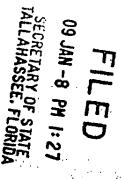
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D. BRUCE

JAN 09 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: TU-BE BRANDING LLC (Name		ability Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change	and fee(s) are submitted for	r filing.
Please return all correspondence concerning	this matter to	the following:	
YENY P HERDOIZA (Name of Person)		_	
TU-BE BRANDING LLC (Firm/Company)		_	TA <sub>S</sub>
20379 W COUNTRY CLUB DR # 1034	Time Hills		LLAHAS
AVENTURA FLORIDA, 33180		_	R PH I
(City/State and Zip Code)			:27
For further information concerning this matt	ter, please call	:	
YENY P HERDOIZA	at ( 305	) 788-9406	
(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	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314	
Enclosed is a check for the following	ng amount:		
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

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.

1. Name of the limited liability company: TU-BE BRA	NDING LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	2: 20379 W COUNTRY CLUB DR # 1034  AVENTURA FLORIDA, 33180
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	20379 W COUNTRY CLUB DR # 1034 AVENTURA FLORIDA, 33180
12/29/2008  3. Date of filing/registration in Florida	<u>L09000062709</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	FRANK BEHRENS
Registered Office Address:	20379 W COUNTRY CLUB DR # 1034 COUNTRY CLUB D
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.  (Signature of a member of authorized representative of a member)	t address of the registered office and the business ase of a Florida limited liability company, it is
(Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.

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

INHS18 (05/08)