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SEP O. AUTLER

COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: Picard 3 Picard 8 Name of Limite	ENTERPRILED LLC ed 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 n	matter to the following:	
Darcie Picard Name of Person	13 AUG 26	TALL AHADO
Picard 3 Prard Enterpr	13 AUG 26 PH 3: 10	
401 NE 103 4 St Address		
Minumi Shoves Fz 33138 City/State and Zip Code		
E-mail address: (to be used for future annual report notificate	COM_tion)	
For further information concerning this matter, ple	ease call:	
Darcie Picard at (780) 240 - 4091 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 am	nount:	
© \$25 Filing Fee	1 \$55 Filing Fee & Certified Conv	

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.

5	
1. Name of the limited liability company:	Picard & Picard Enterprises LLC
2. (a) Principal office address of limited li (Note: MUST BE STREET ADD	iability company: 401 NE 103rd St PRESS) Miami Shores Fr. 33138
(b) Mailing address of limited liability (Note: MAY BE POST OFFICE	company: 401 NE 103 22 St BOX) Miami Shorer 12 33138
8/5/10	108000070608
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered C	Office shown on the records of the Florida Dept. States
Registered Agent:	Mathieu Pland & DEE
Registered Office Address:	SSO Bay Point Rd = Man
	G Om
(b) Enter name of NEW Registered A	gent and/or NEW Registered Office address:
NEW Registered Agent:	Darcie Picard
NEW Registered Office Address: (MUST BE FLORIDA STREET A	
	Miami Shoves ,FL 33138
confirmed that after the change or changes and the business office of the registered agliability company, it is hereby confirmed the	• • •
Printed or typed name of signee	
I hereby accept the appointment as registe comply with the provisions of all statutes rand I am familiar with and accept the oblic Chapter 608, F.S. Or, if this document is address, I hereby confirm that the limited Signature of Registered Agent	ered agent and agree to act in this capacity. I further agree to relative to the proper and complete performance of my duties, gations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office liability company has been notified in writing of this change.
OI ENGLING OF INCRESSION OF EACH	

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