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## Florida Department of State

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	Account Name	1	THE LAW OFFICES	ÇE,	NICK	SPR	ADLÌN	PELC
	Account Number	:	120070000020				- 1 <del>- 1</del> 50	=
	Phone	ŧ	(813)435-3176				\$\frac{1}{2}\frac{1}\frac{1}{2}\f	ਹ
	Fax Number		(713) 429-1276			;	6	00

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## LLC REGISTERED AGENT CHANGE ALEJANDRO HIGINIO, LLC

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MICK SERBDLIN

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company: ALEJANDRO	HIGINIO, LI	LC
2. (a)	26852 Cold Springs St	(b)	
` ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  CALABASAS, CA 91301		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE ROX)
	08/18/2008	L080	00078965
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	THE LAW OFFICES OF NICK SPRADLIN,		
\/	Registered Agent and Registered Office shown on the records of 18952 NORTH DALE MABRY HIGHWAY	the Florida Dept. n	ut ma. iii.
	Registered Office Address (MUST BE FLORIDA STREET) SUITE 102	ADDRESS)	
	LUTZ	33548	FILED
(b)	THE LAW OFFICES OF NICK SPRADLIN, F Enter name of NEW Registered Agent and/or NEW Registered 2202 N. WEST SHORE BLVD.		AM IO: 00
	NEW Registered Office Address:	V	<del></del>
	SUITE 200		
	TAMPA , FL	33607	·
the cha agent v	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libra authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	f the registered of ability company of the limited lis	office and the business office of the registered to it is hereby confirmed that the change(s) ability company or as otherwise provided in
	<b>Y</b>	NICKOL	AS J. SPRADEIN AUTHORIZED REP
- 1	ure of a member or authorized representative of a member		Printed or typod name of signee
neren provisi the obli to mere notified	in accept the appointment as registered avent and agrees on a fall statutes relative to the proper and complete leations of my position as registered agent as provide the reflect a change in the registered office address, I it is writing of this change.	ree to act in this performance of a for in Chapte hereby confirm	i capacity. I further agree to comply with the fmy duties, and lan familiar with and accept to 0.5, F.S. Or, if this document is heing filed that the limited liability company has been
Signatu	of Registered Agent		:
- I MINIO	Division of Corporations P.O. I	Box 6327• Tall EE: \$25.00	ahassee, FL 32314
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