## L08000080094

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**EXAMINER** 

## **COVER-LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Rouder collectio (Name of	n, uc of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Jorge P. Salcedo (Name of Person)		
Diaz, Reus & Targ up		
100 S.E 2nd St., Suite2	u00	
Miami, Ft 33131 (City/State and Zip Code)		
For further information concerning this matter	er, please call:	
Jorge R. Salcedo (Name of Person)	at (305) 375 · 9220 (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 amount:		
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

## 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: <b><u>Pouder</u></b>	Collection, LLC		
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	y: <u>5772 s.w. 102 Pass</u> Migmi, FL 33193		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5772 S.W. 102 Pass Miami, FL 33193		
AUGUST 21,2008  3. Date of filing/registration in Florida	L 08000080094 4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	Jorge R. salcedo		
Registered Office Address:	100 S.E. 2nd St. Suite 2400 Migni, Fe33131		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:		
NEW Registered Agent:	USH Register Agent Services, INC		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	100 S.E. 2 nd St. Suit C 2 4 0 0 Mi a Mi ,FL 33 13 1		
If the limited liability company is not organized under the that after the change or changes are made, the Florida streoffice of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles distributed liability company.  Signature of a member or authorized representative of a member)	laws of the State of Florida, it is hereby confirmed et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating agreement of the		
Vorge Rsquedo			
(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 pram familiar with and accept the obligations of my position F.S. Or, if this document is deing filed to merely reflect a confirm that the timited liability company has been notified (Signature of Registered Agent)	roper and complete performance of maduties, and I in a registered agent as provided for in Chapter 600, change in the registered office address, I hereby d in writing of this change.		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			
FILING FEE: \$25.00			