

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| 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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EXAMINER



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SECRETARY OF STATE DIVISION OF CORFORATION

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Admin Peo, LLC | | |
| (Name of Limited 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: | | |
| | | |
| OASSel Prieto | | |
| PASSEL Pereto (Name of Person) | | |
| A A | | |
| Admin Pro, LLC (Firm/Company) | | |
| (i iniveonipally) | | |
| 8362 Pines blud #138 (Address) | | |
| (Address) | | |
| Pambooko Dunas Fl 33024 | | |
| Pembeoke Pines, FZ. 33024 (City/State and Zip Code) | | |
| | | |
| For further information concerning this matter, please call: | | |
| RASSEL Prieto 31,305, 801-7625 | | |
| RASSel Plueto at (305) 801-7625 (Name of Person) (Area Code & Daytime Telephone Number) | | |
| | | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: | | |
| Registration Section Registration Section Division of Corporations | | |
| Division of Corporations Clifton Building Division of Corporations 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 & 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, company submits the following statement in order to change in the State of Florida. | _ | |
|---|--|--|
| 1. Name of the limited liability company: Admin Pro, LLC | | |
| 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | 8362 fines blud #138 Pembroke Pines, FL. 83024 | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | B362 fines blud #138 Dembroke lines PC 33024 | |
| August 29 2008 3. Date of filing/registration in Florida 4. | 108000082851 NO TARE TARE TO THE TARE TO T | |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | |
| Registered Agent: | Christopher Nunez 5, 25 | |
| Registered Office Address: | 8362 Pines blud #138 Pembroke Pines , FL 33024 | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : | | |
| NEW Registered Agent: | RASSel Alleto | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 13876 SW 56 St # 436 -MIGMI ,FL 33/75 | |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) | | |
| Passel Prieto | | |
| (Printed or typed name of signee) | | |
| I hereby accept the appointment as registered agent and agr comply with the provisions of all statutes relative to the prop am familiar with and accept the obligations of my position as F.S. Or, it this document is being filed to merely reflect a che confirm that the limited liability company has been notified in | ee to act in this capacity. I further agree to er and complete performance of my duties, and I s registered agent as provided for in Chapter 608, ange in the registered office address, I hereby n writing of this change. | |

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

(Signature of Registered Agent)