L08000082851

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
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SECRETARY OF STATE
ANASSEF, FLORID

J. BRYAN

MAR 1 8 2009

EXAMINER

COVER LETTER

Division of Corporation	S				
SUBJECT:	Ar	dminF	ro LLC		
•	Name of Limi	ited Lia	bility Co	ompany	
Dear Sir or Madam:					
The enclosed Registered Agent	/Registered Offic	e Chan	ge and f	ee(s) are submitted	for filing.
Please return all correspondence	e concerning this	matter	to the fo	ollowing:	
Rassel	Prieto				
Name of Pe					
AdminPr	0110				10 SEC
Firm/Comp	····				O HAR 17 PH 2:50
	•				ASS
12864 Biscayne	Blvd. Ste 102				7 7 70 136 136 136 136 136 136 136 136 136 136
Address	Diva, Ole 102				F S
					98¥ 55
North Miami	FI 33181				DE C
North Miami, Fl 33181 City/State and Zip Code					
investmentpharma	acy@gmail.com	I			
investmentpharma E-mail address: (to be used for futu	re annual report notific	eation)			
For further information concern	ing this matter, p	olease c	all:		
Rassel Prieto	at	(95	4)	628-546	4
Name of Person				ode & Daytime Telephone	Number
STREET/COURIER AD Registration Section	DRESS:			G ADDRESS: on Section	
Division of Corporations				of Corporations	
Clifton Building 2661 Executive Center Ci	rcle		O. Box	6327 ee, Florida 32314	
Tallahassee, Florida 3230		'	ananass	cc, 1 1011da 32314	
Enclosed is a check for	the following a	mount			
\$25 Filing Fee			\$55 Fili	ng Fee & Certified	Сору

TO: Registration Section

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.

Name of the limited liability company:	AdminPro LLC			
2. (a) Principal office address of limited liability company	12864 Biscayne Blvd, Ste 102			
(Note: MUST BE STREET ADDRESS)	North Miami, Fl 33181			
(b) Mailing address of limited liability company:	12864 Biscayne Blvd, Ste 102			
(Note: MAY BE POST OFFICE BOX)	North Miami, FI 33181			
	L08000082851			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
Registered Agent:	Rassel Prieto			
Registered Office Address:	8362 Pines Blvd, Ste 1382 Pembroke Pines, Fl 33024			
(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)	12864 Biscayne Blvd, Ste 102 North Miami ,FL33181			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization			
Rassel Prieto				
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 prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company. Signature 608, 14-24.	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.			