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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

T. CLINE

JUL 20 2009

EXAMINER

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Notice of Change of Mailing Address, Principal Address, and Registered Agent Address (Patriot Dynamics, LLC/ Document No. L0800095889)

To Whom It May Concern:

Please allow this letter, along with the enclosed form documents, and Check in the amount of \$25.000, serve as Patriot Dynamics, LLC's request to:

(1) Change its principal address and mailing address

From: 7112 NW 50th St., Unit 6-1

Miami, FL 33166

To: 5780 SW 13th St.

Plantation, FL 3331 50 C

A

And,

(2) Change the address of its Registered Agent:

From: Seth J. Coblentz, Esq.

1900 N. Bayshore Dr., Suite 2919

Miami, FL 33131

To: Seth J. Coblentz, Esq.

950 Brickell Bay Dr., Suite 300

Miami, FL 33131

Should this require further discussion, please call the undersigned at 786.853.9702, or email me at seth.coblentz@gmail.com. Thank you for your attention to this matter.

Sincerely.

Seth J. Coblentz, Esq.

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PATZIOT DYNAM Name of Limited Liab	oility Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
SETH J. COBLENTY ESQ	ZOOS SECTIALL	
SETH J. COBLENTZ, P.	A. A	
950 BRICKELL BAY DR	Suite 300 FLORIDA	
M, AMI, FL 33131 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)	com	
For further information concerning this matter, please ca	all:	
SETH COMLENTE at (78)	Area Code & Daytime Telephone Number	
Registration Section R Division of Corporations C Clifton Building P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, 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 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	r to change its registered office ör registered
1. Name of the limited liability company:	OT DYNAMICS LLC
2. (a) Principal office address of limited liability company	7112 NW 50 TH ST. UNIT 6-1
(Note: MUST BE STREET ADDRESS)	Miami, Fr 33166
(b) Mailing address of limited liability company:	7112 NW 50THST. UNT 6-1
(Note: MAY BE POST OFFICE BOX)	MIAMI, F. 33166
10 09 2008 3. Date of filing/registration in Florida	L 080000 958892 1
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	SETH J. CONTENTED ESQ.
Registered Office Address:	1900 BATSHOREST JA. #2919
	MIAMI, FL 3313Z
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	SETH J. COMLENTZ, ESO (SAM
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	950 BRICKELL BAT)2. # 300 MIAM 1 ,FL 3313/
If the limited liability company is not organized under the legistered that after the change or changes are made, the Fl and the business office of the registered agent will be identiability 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 Signature of a member or authorized representative of a member Printed or typed name of signee	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.
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	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 has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 632	27, Tallahassee, FL 32314

FILING FEE: \$25.00