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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	N		
SUBJ	ECT: WILL DWGOIS	Ot America LLC ited Liability Company		
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Offic	e Change and fee(s) are submitte	d for filing.	
Please return all correspondence concerning this matter to the following:				
Mas	HMW EVauk Name of Person		3820 1ALL	
Gold Byrs of America Firm/Company				
901 N. Congress Avre Ste B-101				
Bunton Beach FL 33426 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Me	Name of Person at	(<u>677</u>) 721 M 3 3	one Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		

Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

\$25 Filing Fee

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

Pursuant to the provisions of sections 608.416 on 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.

agent, or both, in the State of Florida.	r A A
1. Name of the limited liability company: 601000	yers of the America LC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	SIE B 101 DONGNESO AU SIE B 101 IOI BOYNTON BLACK FL 33426
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SHUB-101 Baynton Beach FL 33+24
10-78-08	L08000 10105Z
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:	Titaniuma Inca
Registered Office Address:	2790 Windown Ct. 23
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Mathwalau :
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	GOI N. Congress Are Ste BIOI
	,FL_3342L
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 identiability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherwithe operating agreement of the limited liability company.	lorida street address of the registered office lical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
Signature of a member of authorized representative of a member	_
Mythuw Elach 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 portugated to the chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	

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