L08000108979

	(Requestor's Name)	
	(Address)	
	(Address)	
:	(City/State/Zip/Phone #)	
PICK-UF	P WAIT MAIL	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



800184221158

08/18/10--01024--005 **50.00



C. LEWIS

AUG 1 9 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Florida Asset Name of Limited	Network LLC Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
About Alexander T	ayot	
Florida Assch Netw	lork LC	
13899 Biscayne Blud	, sk 106	
Miani FL 33/8/1 City/State and Zip Code		
E-mal address: (to be used for future annual report notification	<u>n . ca</u> n	
For further information concerning this matter, pleas	se call:	
Akxander Payot at (Rea Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	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. liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited ler to change its registered office or registered
	rida Asset Network
2. (a) Principal office address of limited liability compar	1y: 13399 Biscay ne BlW
(Note: MUST BE STREET ADDRESS)	Man PL 33101
(b) Mailing address of limited liability company:	FO: 1
(Note: MAY BE POST OFFICE BOX)	
11/24/2008	L0200010 89 790
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. & State.
Registered Agent:	Gary Silberman PA
Registered Office Address:	2665 South Dayshore &
	Man Pl 33183
(b) Enter name of NEW Registered Agent and/or NE	EW Registered Office address:
NEW Registered Agent:	Florida REO Network LLe
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	13899 Biscagne Blvd Ste 105 Physicagne Blvd
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a perfect or authorized representative of member.	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
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 p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to roper and complete performance of my duties, position as registered agent as provided for in a present a change in the registered office my has been notified in writing of this change.
Signature of Registered Agent	er of Floredo AEO Metwork, LL(

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