(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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EXAMINER



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05/18/09--01026--015 **25.00

COVER LETTER

TO:	Registration Section Division of Corporations							
	A viot	C		14	oto I. I. C			
			Stos Consultants L.L.C. Limited Liability Company					
	Name of I	Limited	Liab	шту	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:								
	. .							
*******	Betty Brody Name of Person							
	Name of Person							
	·							
Aristos Consultants L.L.C.								
	Firm/Company							
11308 Pink Blossom Ct								
	Address							
	Orlando, Fl. 32821							
	City/State and Zip Code							
bbrody@cfl.rr.com E-mail address: (to be used for future annual report notification)								
L	e-mail address: (to be used for future annual report i	ouncane)n)					
For fi	arther information concerning this matt	er, plea	ase ca	11:				
	Betty Brody	at (407	. ,	739-7214			
	Name of Person	_ ai (_	407		ea Code & Daytime Telephone Nu	mber		
	STREET/COURIER ADDRESS:				ING ADDRESS:			
	Registration Section Division of Corporations				ration Section			
	<u>-</u>				on of Corporations lox 6327			
	Clifton Building 2661 Executive Center Circle				assee, Florida 32314			
	Tallahassee, Florida 32301		1 8	mall	assee, F10H44 32314			
	i andnassee, Fiorida 32301							
Enclosed is a check for the following amount:								
	\$25 Filing Fee		□ \$	555 1	Filing Fee & Certified Cor	DV		

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

Sec. 16

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.

1. Name of the limited liability company:	Aristos Consultants L.L.C.			
2. (a) Principal office address of limited liability compa	ny: 13175 Moro Ct			
(Note: MUST BE STREET ADDRESS)	Winter Garden, FL 34787			
(b) Mailing address of limited liability company:	13175 Moro Ct			
(Note: MAY BE POST OFFICE BOX)	Winter Garden, FL 34787			
01/05/2009	L0900000866			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown of	•			
Registered Agent:	Betty Steeves			
Registered Office Address:	13175 Moro Ct Winter Graden, FL 34787			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	EW Registered Office address: Betty Brody			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11308 Pink Blossom Ct			
MOST BE PLONIDA STREET ADDRESS	Orlando ,FL 32821			
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 ideliability 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 member or authorized representative of a member	Florida street address of the registered office			
Betty Steeves	 			
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 and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, hereby confirm that the limited liability compositions of Registered Agent	I agree to act in this canacity. I further agree to			

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