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Certified Copies	Certificates	of Status
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Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations		
	SSOCIARS LLC imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitte	ed for filing.
Please return all correspondence concerning to	this matter to the following:	
Christine Ranum Name of Person		
RANUM + ASSOCIO	iles LLC	
Firm/Company 513 S. Oscenia	Avc 32801	2011 FEB 24 AH D 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA
For further information concerning this matter		
Christine Ranum Name of Person	at (107) S17 - 470 S	<u> </u>
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	g amount:	
\$25 Filing Fee	\$55 Filing Fee & Certific	ed 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 608.508, 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:	Ranum & Associates LLC		
2. (a) Principal office address of limited liability compar	ny:		
(Note: MUST BE STREET ADDRESS)	513 S Osceola Ave Orlando, FL 32801		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	424 E Central Blvd #367 Orlando, FL 32801		
04/17/2009	L09000016060		
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:	Corporation Service Company		
Registered Office Address:	1201 HAYS STREET NO TALLAHASSEE FL 32301-2525		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :			
	Omouno Nanam		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	513 S Osceola Ave Orlando "FL32801		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member			
Christine Ranum			
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 comparations.	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for inversely reflect a change in the registered office my 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