## L0900017053

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
•	,	
	ty/State/Zip/Phone	. 41
(Cil	ly/State/Zip/Filone	:#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
	_ Octanicates	or otatus
Special Instructions to	Filing Officer:	

Office Use Only



400238112234

08/07/12--01008--014 \*\*25.00

FILED

12 AUS -7 PH IZ: 07

SECRETARY OF STATE

N. Guttgan AUG - 8 2012

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Preemo, LLC  Name of Limited	Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Name of Person		
Yreemo, UC	<del></del>	
Firm/Company  N356 S. Red Road  Address		
South Miami FL 33/L City/State and Zip Code	13	
E-mail address: (t) be used for future annual report notification	on)	
For further information concerning this matter, please call:		
JANMadenane at (_	305, 218-2000 Area Code & Daytime Telephone Number	
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 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 orangent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited ler to change its registered office or registered
1. Name of the limited liability company:	emo, LLC
2. (a) Principal office address of limited liability compar	ny:
(Note: MUST BE STREET ADDRESS)	17356 \$5, Red Lond South Miami, PC 33143
(b) Mailing address of limited liability company:	A
(Note: MAY BE POST OFFICE BOX)	Same Fin
3. Date of filing/registration in Florida	L 0900001705367 - 17.  4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	IVAN Mladenoui
Registered Office Address:	7356 S. Red Road South Mrany Fr. 33143
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address:  [UAN Maden on 2'
NEW Registered Agent:  NEW Registered Office Address:	17356 S Red Road
(MUST BE FLORIDA STREET ADDRESS)	Soun Miam: FL 33143
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability 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	e laws of the State of Florida, it is hereby 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 signce  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my proceedings of this document is being filed to maddless, I hereby confirm that the limited liability compand	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 63	327, Tallahassee, FL 32314

**FILING FEE: \$25.00**