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SECRETARY OF STATE
ALL AHASSES FINE

J. BRYAN

APR - 6 2009

EXAMINER

COVER LETTER

Division of Corp	orations				
SUBJECT:	Bricke	ll Busi	ness So	lutions LLC	
	Name of	Limited	Liability	Company	
Dear Sir or Madam:					
The enclosed Registered	l Agent/Registered	Office (Change and	d fee(s) are subn	nitted for filing.
Please return all corresp	ondence concerning	g this m	atter to the	following:	
	eant Tax ID 26	<u>-44535</u>	43		
	siness Solutions m/Company	LLC			10 APR-5 PH 3: 25 10 APR-5 PH 3: 25 SECRETARY OF STATE SECRETARY OF STATE
801 Bric	kell Bay Dr. # 120	67			ARY CARY SSEE
	Address				FECT ST
Miam	i, Florida. 33131				REAL 25
	tate and Zip Code	· <u> </u>			P
kenneth@ E-mail address: (to be use					
For further information	concerning this ma	tter, plea	ase call:		
Kenneth O	<u>-</u>	at (_	305)		0 3341
Name of Pe	rson		Area	Code & Daytime Te	elephone Number
STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, Flori	on rations enter Circle		Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, Florida 323	S
Enclosed is a ch	eck for the follow	ing amo	ount:		
\$25 Filing Fe	e		\$55 F	iling Fee & Cer	tified Copy

TO: Registration Section

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:	Brickell Business Solutio	ns LLC		
2. (a) Principal office address of limited liability comp	pany: 801 Brickell	801 Brickell Bay Dr. #1267		
(Note: MUST BE STREET ADDRESS)	Miami FL.33131			
(b) Mailing address of limited liability company:	801 Brickell Bay Dr. # 1267			
(Note: MAY BE POST OFFICE BOX)	Miami FL. 33131			
03/16/2009	L09000025	5166		
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown	on the records of the Florida I	opt of State:		
Registered Agent:	Palacios Luz J	PAR A		
Registered Office Address:	905 Brickell Bay Dr.	15 m		
	Lobby Suite 101 Miami FL. 33131 US	MO S		
	WIIGHT 1 L. 00101 00	27 5		
(b) Enter name of NEW Registered Agent and/or I	NEW Registered Office addr	ess:		
NEW Registered Agent:	Kenneth O Sargeant Tax ID 26-4453543			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	801 Brickell Bay Drive # 1267			
(MOST BE PLORIDA STREET ADDRESS)	Miami	,FL33131		
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company.	ne Florida street address of the dentical. Or, in the case of a F ge(s) was/were authorized by a therwise provided in the article	registered office lorida limited n affirmative vote		
Kenneth O Sargeant Printed or typed name of signee				
I hereby accept the appointment as registered agent an 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. Her. If this document is being filed to address? I hereby confirm that the limited liability company that the limited liability company.	nd agree to act in this capacity e proper and complete perform y position as registered agent to merely reflect a change in the pany has been notified in writi	e. I further agree to nance of my duties, as provided for in cregistered office ng of this change.		
Signature of Registered Agent				

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