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D. ESPOSITO (Requestor's Name) - 1540 SW 22rd ave. Fortlanderdale, FL 33312		
(City/State/Zip/Phone #)		
_	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
AND AHASSEE, FLORID

M. THOMAS

SEP - 4 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 18, 2009

D. ESPOSITO 1540 SW 22ND AVE. FORT LAUDERDALE, FL 33312

SUBJECT: ESPO HOLDINGS, LLC

Ref. Number: L09000039311



We have received your document for ESPO HOLDINGS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 709A00027979

CERTIFICATE DESIGNATING CHANGE OF REGISTERED AGENT

In compliance with section 608.416 or 608.508, Florida Statutes, the following is submitted:

- 1) Name of the Limited Liability Company is Espo Holdings, LLC
- 2) The date of filing or registration in Florida was A pri/23, 2009
- 4) The current Registered Agent is Filings, Inc., and the street address of the Registered Office is 3732 N.W.16th Street, Fort Lauderdale, Florida 33311
- 5) The name of the successor Registered Agent is David Esposito

6) The street address of the new Registered Office is 1540 SW 22 nd Att.

7) Such change of Registered Agent and Registered Office was authorized by affirmative vote of the Members of the Limited Liability Company of a otherwise provided in the Articles of Organization or the Operating Agreement of the above named Limited Liability Company.

Date: 8/13/09

Signature

(Member or authorized representative of Member)

I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent as provided for in Chapter 608, Florida Statutes.

Signature