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(Requestor's Name)		
(Address)		
(Address)		
(1831055)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	, .	
SUBJECT: BCS Export Name of Limited	Liability 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:		
Pascal Marivoet		
Name of Person		
BCS Export UC Firm/Company		
10400 Camelback Lane		
Boca Raton FL 33498 City/State and Zip Code	·	
info elitecarclub.lu E-mail address: (to be used for future annual report notification	n)	
For further information concerning this matter, please call:		
Pascal at (3	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 608.508, 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:	Export	
2. (a) Principal office address of limited liability company:		
(Note: MUST BE STREET ADDRESS)	3482 SW 15+ Street Deenfield Beach, FL 33442	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	3482 SW 15+ Street Deentield Beach, FL 33442	
05/05/09	L0900044055	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:	
Registered Agent:	Marivoet Pascal	
Registered Office Address:	3482 SW 15t Street Deenfield Beach, FE 33482	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address	
NEW Registered Agent:	Marivaet Pascol	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Boca Ration DE STEP 3498	
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 ide liability company, it is hereby confirmed that the change	Florida street address of the registered office ntical. Or, in the case of a Florida limited	

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 MACM

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, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent