

W09000058229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

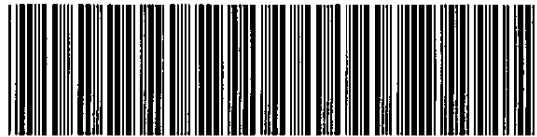
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600157833626

06/29/09--01016--011 \*\*25.00

FILED  
2009 JUN 29 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JUN 30 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Eagle Courier LLC  
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:

Adriana Patino  
Name of Person

Infusion Technologies, Inc  
Firm/Company

820 NE 126th Street  
Address

North Miami, FL 33161  
City/State and Zip Code

apatino@infusiontechnologies.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adriana Patino at ( 305 ) 887-9335 ext. 207  
Name of Person 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

FILED  
2009 JUN 29 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Eagle Courier LLC

2. (a) Principal office address of limited liability company: 820 NE 126th Street

☐ (Note: **MUST BE STREET ADDRESS**) North Miami, FL 33161

(b) Mailing address of limited liability company: P.O BOX 611956

☒ (Note: **MAY BE POST OFFICE BOX**) North Miami, FL ~~33161~~ 33261

6/15/09

3. Date of filing/registration in Florida

L09000058229

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Guillermo A. Sotomayor

Registered Office Address: 820 NE 126th Street  
North Miami, FL 33161

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: Guillermo Sotomayor

**NEW** Registered Office Address: 180 Royal Palm Dr  
**(MUST BE FLORIDA STREET ADDRESS)** Highland, FL 33014

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]  
Signature of a member or authorized representative of a member

Guillermo A. Sotomayor

Printed or typed name of signee

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]  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**