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SECRETARY OF STATE OF

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	AREZ CENTRAL, LLC 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:
Daniel L. Molloy	
Name of Person	
Molloy & James	
Firm/Company	
sor o Posta and	c-1 P**
325 S. Boulevard Address	
Addiess	
Tampa, Florida 33606	ASSI
City/State and Zip Code	137
E-mail address: (to be used for future annual report	notification)
For further information concerning this mat	ter, please call:
Daniel L. Molloy	at (813)254-7157
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	ing 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:	of the limited liability company:SUAREZ CENTRAL, LLC	
2. (a) Principal office address of limited liability compa	any:	
(Note: MUST BE STREET ADDRESS)	9950 Princess Palm Ave., Suite 212 Tampa, FL 33619	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	9950 Princess Palm A Tampa, FL 33619	ve., Suite 212
09/01/2009	L09000084895	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida	Dept. of State:
Registered Agent:	Sara K Flint	
Registered Office Address:	6522 Gunn Highway Tampa, FL 33625	A22 D -
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office add	
NEW Registered Agent:	Daniel L. Molloy	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	325 S. Boulevard Tampa	,FL <u>33606</u>
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 ideliability 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. Jason Starling	Florida street address of the entical. Or, in the case of a last (s) was/were authorized by a serwise provided in the artic	e registered office
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to haddress, I hereby confirm that the limited liability compo	l agree to act in this capacit proper and complete perforh position as registered agent nerely reflect a change in th iny has been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.
Signature of Registered Agent		

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