

L090000088770

(Requestor's Name)

ALL FLORIDA FIRM, INC.
813 DELTONA BLVD
STE A
DELTONA, FL 32725

(Address)

(City/State/Zip/Phone #)

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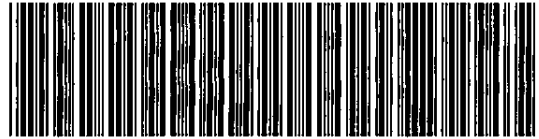
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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NOV 23 2009

EXAMINER

**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. The name of the limited liability company is: PROFESSIONAL CLINING SERVICES, LLC
2. The mailing address of the limited liability company is: 16351 NW 87 CT MIAMI LAKES FL 33018 US

09/15/2009

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3. Date of filing/registration in Florida

4. Document Number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

SANTANA-RUIZ, CALIXTA M
16351 NW 87 CT
MIAMI LAKES FL 33018 US

6. The name and address of the new registered agent and/or office:

ALL FLORIDA FIRM INC
813 DELTONA BLVD STE A
DELTONA, FL 32725

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 of a member or authorized representative of a member)

(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 of Registered Agent)

Devin Newman for All Florida Firm Inc, Registered Agent

October 14, 2009

(Date)

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

FILING-FEE: \$25.00