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i, (Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

JUL -7 2010

EXAMINER

## **COVER LETTER**

Division of Corporation	าร		
SUBJECT:	Name of Limited	Liability Company	
Dear Sir or Madam:			1
The enclosed Registered Agen	t/Registered Office C	hange and fee(s) are	submitted for filing.
Please return all correspondences	ce concerning this ma	tter to the following	1 (*) (*)
·, ·			-
Name of Pe	erson Davio	Denyu	ŧ
Firm/Comp	Dany Big Gay	s Clesury	!
. Address	-	Braid St	
. City/State and 2	zip Code	FL 32	50G
L-man audiess, (to be used for fun	are annuar report normeanon		•
For further information concer	ning this matter, pleas	se call:	:
DAJIO De Name of Person	_at (_ <sup>(</sup>	(07 _) . 35 <sup>-3</sup> 7 Area Code & Day	199
STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	ircle	MAILING ADDR Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florid	on rations
Enclosed is a check fo	r the following amou	ınt:	
\$25 Filing Fee	1	\$55 Filing Fee	& Certified Copy

INHS18 (5/08)

## 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: Big Guys Profices ion ( Secrets
2. (a) Principal office address of finited hability company:
(Note: MUST BE STREET ADDRESS) 100 W Grant 8+ 4/100
(b) Mailing address of limited liability company:  Orlando FL 32806
(Note: MAY BE POST OFFICE BOX) "SAME!
10/1/09
3. Date of filing/registration in Florida  4. Document number 10 900075
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: DNIO Dea
Registered Office Address: 415 EAST PINE ST #820 ORLANDO, FL 32801 US OFFA
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent:
NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  OF lendo, FL 30800, FL
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
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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