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(Requestor's Name)		
•		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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PRILET FOR THE ACTION OF THE PROPERTY OF THE P

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PASTONA Name of Limite Place Sir or Madam:	HD/DINGS OF ed Liability Company
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
MiquelF. Millar Name of Person	sol-Senera
INTENTIBLES MIT	ami, PIIC
848 BAICLE/I-AVE,	DH.1
MiAMi, Fl.3813) City/State and Zip Code	
E-mail address: (to be used for future annual report notificate	JULIS. NET
For further information concerning this matter, ple	ease call:
MiquelMi Rosso) at G	305 355.0405 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 am	ount:
\$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: _F(Da)	1	
2. (a) Principal office address of limited liability compan	y: BZOI AlHAM BZA, GRUE	
(Note: MUST BE STREET ADDRESS)	CORNGABLES, F1.0	
(b) Mailing address of limited liability company:	33/4/6 5 38/2	
(Note: MAY BE POST OFFICE BOX)	SAME 2 PA	
•	1090001109513	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	CORPDIRECT AGENTS, inc	
Registered Office Address:	SISE PANK AK TOMANSSER EL 32301	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	INTERTURISMIAMIPIC	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	848 Brichall Are, PH. 1 Hirami, Fl. 33, 146,	
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 bereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the united 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 tepresentative of a member		
Printed or typed name of signee Miswif F. Mins R	<u></u>	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability comparations.	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.	
$\sim \gamma /$	· Minaka)	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00