L1000000 4446

Dolores Strackbine (Reguestor's Name)				
Hill + Company, CPA PA				
1318 Lafayette St				
Cape Caral Fl 33904				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
AND ANASSEE, 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. The name of the lin	nited liability company is: _	Sang Investments of Le	c County, LLC	
2. The mailing addres	s of the limited liability con	ipany is: 492 Richey Crese	cent	
•		Hississauga, Ontario,		
1/13/2010		L10000004446	<u> </u>	
3. Date of filing/regist	ration in Florida	4. Document numbe	ır	
5. The name of the reg Florida Department	istered agent and the registe of State:	red office address as shown on	the records of the	
·	Malkit Leighl		` '\	
		Vame	元//	
	1318 Lafayett	e St		
	Ā	ddress		
•	Capa Coral, F	L_33904		
•	City, Si	tate and Zip	15 KAN	
6. The name and addre	ss of the new registered age	nt and/or office:	PM SEE, F	
	Nanki K. Mar	cwah	3: 3: STAT FLORE	
		me ·	골플 3	
	1318 Lafayet	te St		
	Florida street address (P.O. Box NOT acceptable)		
	Cape Coral,	FL 33904		
	City, Star	e and Zip		
confirmed that after the and the business office liability company, it is lof the members of the lor the operating agreem MML a	change or changes are mad of the registered agent will hereby confirmed that the cl	der the laws of the State of Florie, the Florida street address of the identical. Or, in the case of a nange(s) was/were authorized by as otherwise provided in the artompany.	he registered office i Florida limited y an affirmative vote	
/	- and a supression of a memory	•		
MAUCIT	S. LEIGHL			
Printed or typed name of signa				
JANA / Treat		nt and agree to act in this capaci the proper and complete perfor f my position as registered agen d to merely reflect a change in to ompany has been notified in wri	ity. I further agree to mance of my duties, tas provided for in he registered office——iting of this change.	
Signature of Registered Agent)	Nanki K. Marwah	.		
Divisi	on of Corporations, P.O.	Box 6327, Tallahassee, FL 323	314	
FILING FEE: S25.00				

INHS18 (8'05)