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SEURLANDE FLORIDA

J. BRYAN

OCT 21 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: C. A.P. Import/Export TRAUTINE LIE Name of 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:		
CTREG SCHREIBET Name of Person C.A.P. Import / EXPORT TRAcking LLC Firm/Company		
Firm/Company 1750 Tames Access 9737 NW44 Str Address #730		
Mismi BEAGL FR 3338 DOVAL, TO 33178 City/State and Zip Code		
Schreibergreg 99 6 Mahoo. Lon E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Cirel Schreiber at (786) 223-3324 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 amount:		
\$25 Filing Fee \$\times \text{S55 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 608.2 liability company submits the following statement in order agent, or both, in the State of Florida.	
1. Name of the limited liability company: (A)	. Import / EXPORT TRADING, KLC
2. (a) Principal office address of limited liability compan	y: 9737 NW 44" Str. #730
(Note: MUST BE STREET ADDRESS)	DOTAL, F2 33178
(b) Mailing address of limited liability company:	9737-NW445N. +730
(Note: MAY BE POST OFFICE BOX)	DON! FZ 33178
10/15/10 2/19/10	L 100000 19730
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:	Greg Schreiber
Registered Office Address:	9737 NW 445tr. #730 DOIAL, FZ 33178
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	W Registered Office address: Greg Schreibur
NEW Registered Office Address:	9737 NW 445tr. #730
(MUST BE FLORIDA STREET ADDRESS)	Docal, FZ 33178
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identified liability company, it is hereby confirmed that the change(s) 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 of the limited or typed name of signee. Printed or typed name of signee. I hereby accept the appointment as registered agent and a	dorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of ganization
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of an amount of the province of the province of the province of the collections of the province of the collections of the province of the provin	oper and complete performance of the duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)