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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Guy Richards Name of Limited	Copa LLC 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:			
Deborah Marino Name of Person			
Guy Richards Copa LLC Firm/Company			
6400 GRAND LACUNA BIVI) Address			
LAKE Worth FL 33467 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Deborah Marino at (361) 214-2589			
Name of Person STREET/COURIER ADDRESS:	Area Code & Daytime Telephone Number MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$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: Goy Ric	hards Copa LLC
2. (a) Principal office address of limited liability company	\sim
(Note: MUST BE STREET ADDRESS)	Lake Worth FL 33467
(b) Mailing address of limited liability company:	PO BOX 210876
(Note: MAY BE POST OFFICE BOX)	Royal Palm Beach PL
2/24/10	<u>L10000020115</u>
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:
Registered Agent:	Deborah Marino
Registered Office Address:	114 Pepper Ree Crescent Royal Falm Beach FL
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	N Registered Office address: Deborah Marino 6400 Grand Lacuna Rol LANG Worth ,FL 33467
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 ident 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 Printed or typed name of signee	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of arganization LAHARY OF SEEFFL
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision of all statutes relative to the proving and I am familiar with and accept the obligations of my possible to the chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I Hariner agree to oper and complete performance of Pauties, 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.