(Requestor's Name)
	(Address)
((Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Gent Gloup UC 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:			
DN. CHAIG WAGENER			
Name of Person CHICA GLOUD LEC			
7776 CREEK HOLLOW LW			
Address Signature Control of the Con			
MINNUEBURG & 32068 City/State and Zip Code			
E-mail address: (to be used to) future annual report notification)			
For further information concerning this matter, please call:			
Clarg W4 Gentl at (305) 395 0797 Name of Person at (305) 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{\$55 Filing Fee & Certified Copy}			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

liability company submits the following statement in order agent, or both, in the State of Florida.	A
· · · · · · · · · · · · · · · · · · ·	ag Gloutuc
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	MODIEBURG FL 32068
(b) Mailing address of limited liability company:	AS ABOVE
(Note: MAY BE POST OFFICE BOX)	
2/26/2010	L1000021977
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	WAGENER CRAGE DR.
Registered Office Address:	3726 CREEK HOLLOW LN
	11101E 13116 12 5068
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address:	3726 CREEK HOLLOW LN
(MŪST BE FLORIDA STREET ADDRESS)	MWDLEGURG ,FL 32068
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability 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 I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of the limited liability company of the province of the limited liability company chapter 1008. F.S. Or, if this document is being filed to metaddress, the repy confirm that the limited liability company	orida 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 organization.
Signature of Registered Agent	
Division of Corporations, P.O. Box 633	27, Tallahassee, FL 32314

FILING FEE: \$25.00