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S. HAWKES

SEP 0 1 2010

EXAMINER

## **COVER LETTER**

Division of Corporation	ons				
SUBJECT:	THE W	ORLI	OF.	TRUC	CKS LLC
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Age	nt/Registered C	)ffice (	Change	and fe	e(s) are submitted for filing.
Please return all corresponder	nce concerning	this m	atter to	the fol	lowing:
ORLANDO Name of	SARRIAS Person	*		_	
THE WORLD O	F TRUCKS LI	LC _		_	
Firm/Con	n pany				
10135A_NV Addres	V 87TH AVE			_	
MEDLEY City/State and	FL 33178   Zip Code		· · · · · · · · · · · · · · · · · · ·	<del></del> -	
theworldoffruc E-mail address; (to be used for fi	ks@ymail.cor	n otificatio	n)	<u></u>	
For further information couce					
ORLANDO SARF	RIAS	_ aut (_	305	د	805-2434
Name of Person	-			Area Cod	le & Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 323	i Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for	or the followin	g amo	unt:		
<b>✓</b> \$25 Filing Fee		\$55 Filing Fee & Certified Copy			

TO: Registration Section

## 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:	THE WORLD OF TRUCKS LLC
2. (a) Principal office address of limited liability con	
(Note: MUST BE STREET ADDRESS)	MEDLEY, FL 33178
(b) Mailing address of limited liability company:	10125 NW 87th AVE
(Note: MAY BE POST OFFICE BOX)	MEDLEY, FL. 33178
3/17/2010	L10000029450
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	1717 798
Registered Agent:	ORLANDO SARRIAS
Registered Office Address:	10125 NW 87th AVE 3 3 7 MEDLEY, FL. 33178
(b) Enter name of <u>NEW Registered Agent</u> and/on <u>NEW Registered Agent</u> :	NEW Registered Office address
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10135A NW 87 th AVe
(MUSI DE LUMBABIREEL ADDRESS)	MEDLEY ,FL33178
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the Himited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company of a member of a member of a member of a member of the operation of all statutes relative to the and I am familiar with and accept the obligations of a chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability contains the state of the operation of the confirm that the limited liability contains the limited liability contains of the limited liability contains	the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization apany.
Signature of Registered Agent	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00