L10000036714

(Requestor's Name)		
(Address)		
(Address)		
(Cit./Ctata/7in/Dhana	40	
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name	e) ·	
(Document Number)		
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T. HAMPTON
NOV 1 9 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: Commonwea	1th Industrial Li
Name of Limit	ed 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:
Lang Baum	ngarken
Name of Person	
,	•
Firm/Company	,
356/ SW /5- Address MiAmi, FE City/State and Zip Code	t. Are.
Address	
Mismi, FE	- 33 145
E-mail address: (to be used for future annual report notificate	uth. wet
For further information concerning this matter, plants of the second of	ease call:
Larg Baungalten at (305, 859-9714
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section 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 am	ount:
\$25 Filing Fee	\$55 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 liability company submits the following statement in or agent, or both, in the State of Florida.	der to change its registered office or registered
1. Name of the limited liability company:	nonvealth Industrial
2. (a) Principal office address of limited liability compa	any:
(Note: MUST BE STREET ADDRESS) , 1	10891 Coopocher J.
3561 SW 1st.	ARCOCORUNT OF CHE 33137
(b) Mailing address of limited liability company:	345 same as above
(Note: MAY BE POST OFFICE BOX)	
4/05/10	410000036714
3. Date of fling/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	Lang E. Baumgakter
Registered Office Address:	2891 (Dacochee ST
	Coconut whose, Pt 33/3
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address:	3561 SW /st. Avenue
(MUST BE FLORIDA STREET ADDRESS)	MÍAMÍ .FL 33/45
If the limited liability company is not organized under the confirmed that after the change or changes are made, the	Florida street address of the registered office
and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change	entical. Or, in the case of a Florida Honites (s) was/were authorized by an affirmative vote
of the members of the limited liability company or as other or the operating agreement of the limited liability compa	ny. 그 워팅_
Signature of a member or authorized representative of a member,	RY OF REAL PROPERTY OF THE PRO
Lang Baumarten	₩
Printed or typed name of signer	— 26 N.S.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to r address, I heryby confirm that the limited liability-compo	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in
Chapter 608, F.S. Or, if this document is being filed to raddress, I hereby confirm that the limited liability compo	nerely reflect a change in the registered office iny has been notified in writing of this change.
Signature of Registered Agent	·
Division of Corporations, P.O. Box	
FILING FEE:	3/3 Hd