## [018800001]

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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G. MCLEOD

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**EXAMINER** 



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## **COVER LETTER**

	egistration Section ivision of Corporations		
SUBJEC	T: New C	Pentury /	Management Services, LLO iability Company
Dear Sir	or Madam:		
The enclo	osed Registered Agent/Regi	stered Office Cha	ange and fee(s) are submitted for filing.
Please ret	turn all correspondence con	cerning this matt	er to the following:
	Yvonne Das.  Name of Person	Iva	<del>.</del>
	Vew Century Firm/Company	Manager	<u>nent</u> Services
	LODISW PROMAddress	do Ave.	
	Port St. Lu City/State and Zip Cod	cie, FI	<u>34983</u>
E-mail	address: (to be used for future annu	al report notification)	
For furthe	er information concerning t	his matter, please	call:
<u> </u>	onne Da Silva Name of Person	at ( <u>7</u>	12) 204-1708 Area Code & Daytime Telephone Number
Re Di Cl 26	FREET/COURIER ADDRE egistration Section vision of Corporations ifton Building 61 Executive Center Circle allahassee, Florida 32301	SS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Er	nclosed is a check for the	following amoun	t:
v	\$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: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) L10000038107 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW Registered Office Address:** (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby 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 identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization 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 agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

Signature of Registered Agent