(Requestor's Name)	
(Address) (Address) (City/State/Zip/Phone #)	600182600386
(Business Entity Name)	07/02/1001017016 **25.00
(Document Number) Certified Copies Certificates of Status	FILED 2010 JUL - 2 MM 33 SECKETARY UF STATE FALLAHASSEE, FLORID
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COVER LETTER
TOr Registration Section Division of Corporations
SUBJECT: SYMBOLS OF SUCCESS MEDIA GROUP
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:
BFRNARD D BONOMO Name of Person
Symbols of Success Media Group
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bernard Bonomo at (561_) 302-2376 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63272661 Executive Center CircleTallahassee, Florida 32301
Enclosed is a check for the following amount:

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✓ \$25 Filing Fee

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\$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.

2. (a) Principal office address of limited liability company:

_[/ _	_					
	(Note:	MUST	BE STR	EETA	DDRE	SS)

185 SW 7th Street #1402

Miami, FL 33130

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

185 SW 7th Street #1402_

Miami, FL 33130

5/14/2010

3. Date of filing/registration in Florida

<u>L10000052105</u> 4. Document number

Bernard Bonomo 935 Euclid Ave #3

Miami Beach, FL 33139

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 <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>:

NEW Registered Agent:

<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)

185 SW 7th Street #1402 Miami______,FL<u>33130</u>_____

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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.

_ Berd		Sonno	
Signature of a member or	authorized	representative of a member	
BerNA	rd	Bonono	

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, hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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