L10000053034

Office Use Only



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N: Guilligam DEC 28 2010

COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: Addison & Frankie S Name of Limited Liability	umogacy Agency, UC y 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:		
Name of Person	-	
Geller & Carolau, UC Firm/Company		
46 West Hagler St, Ste. 200		
MIAMI, FL 33130 City/State and Zip Code		
E-mail address: (to be used for Future annual report notification)		
For further information concerning this matter, please call:		
Aliette H. Carolan at (305) Name of Person	249.1954 rea Code & Daytime Telephone Number	
Registration Section Regis Division of Corporations Divis Clifton Building P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314	
Enclosed is a check for the following amount:		
\$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: Addison 2	Frankie Survogacy Admini	
2. (a) Principal office address of limited liability company	لم والمواهم الموادر والا	
(Note: MUST BE STREET ADDRESS)	MIAMI, PC 35/30 =	
(b) Mailing address of limited liability company:	**************************************	
(Note: MAY BE POST OFFICE BOX)	2 25	
05/17/10	L10000053034	
3. Date of filing/registration in Florida	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:	Geller & Grolan, UC 100 552 St, Sute 2950	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Registered Office address: Geller & Cavolan, 46 Glo West Flagler St #200 MURMULEL 23130	
	MIAMI ,FL 33130	
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		
Aliette H Carolin		
Printed or typed name of signee		
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my auties, ition as registered agent as provided for in ely reflect a change in the registered office 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