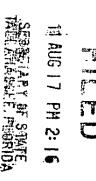
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

Division of Corporations		
SUBJECT:	Best Money Line LLC	
Name	e of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registe	red Office Change and fee(s) are submitted for filing.	
Please return all correspondence concer	rning this matter to the following:	
Michael Fate	· · · · · · · · · · · · · · · · · · ·	
Name of Person		
Firm/Company		
2326 Del Prado Blvd South	n. Suite 7	
Address		
Cape Coral, Florida 33	2000	
City/State and Zip Code	19390	
Mikewfate@gmail.co	am.	
Mikewfate@gmail.co E-mail address: (to be used for future annual re	eport notification)	
For further information concerning this	matter, please call:	
Michael Fate	at (239) 471-4102	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	1 anana5509, 1 1011da 52517	
Enclosed is a check for the following amount:		
\$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:	Best Money Line LLC
2. (a) Principal office address of limited liability company	2326 Del Prado Blvd South, Suite
(Note: MUST BE STREET ADDRESS)	Cape Coral Florida 33990
(b) Mailing address of limited liability company:	2326 Del Prado Blvd South, Suite
(Note: MAY BE POST OFFICE BOX)	Cape Coral Florida 33990
06/02/2010	L10000058932
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Michael Fate
Registered Office Address:	2326 Del Prado Blvd South, Suite 7 Cape Coral Florida 33990
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2326 Del Prado Blvd South, Suite 7
	Cape Coral ,FL33990
If the limited liability company is not organized under the I confirmed that after the change or changes are made, the FI and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Michiel FATE Printed or typed name of signee I hereby accept the appointment as registered agent and ascomply with the provisions of all statutes relative to the product of a member and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mendadress, I hereby confirm that the limited liability company	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of Registered Agent	

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