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B. BOSTICK
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EXAMINER

COVER LETTER

Division of Corporations Corporate Governance Solutions, PLLC SUBJECT: 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: Rochelle Friedman Walk, Esq. Name of Person Firm/Company 371 Channelside Walk Way #404 Address Tampa, FL 33602 City/State and Zip Code Rochelle@mcintyrefirm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rochelle Friedman Walk 813 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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:Corpor	<u>ate Governan</u>	ce Solutions, PL	LC	
2. (a) Principal office address of limited liability compar	ıy: <u>371 C</u>	: 371 Channelside Walk Way #404		
(Note: MUST BE STREET ADDRESS)	Tampa, FL 33	1602		
(b) Mailing address of limited liability company:	371 Ch	nannelside Walk Wa	y #404	
(Note: MAY BE POST OFFICE BOX)	Tampa, FL 33	3602		
06/16/2010		10000064599		
3. Date of filing/registration in Florida	4. Document nu	imber LI 00006	76455	
5. (a) Registered Agent and Registered Office shown on	the records of the	e Florida Dept. of Stat	te:	
Registered Agent:	Rochelle Fried	Rochelle Friedman Walk, Esq.		
Registered Office Address:	371 Channels Tampa, FL 33	371 Channelside Walk Way #404 Tampa, FL 33602		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered O	ffice address:		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	371 Channels	371 Channelside Walk Way #404		
	Tampa	,FL <u>33</u> 6	502	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability 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.	s) was/were author	the articles of organi	e vote zation	
Signature of a member or authorized representative of a member		- 1 4	in the state of th	
Rochelle Friedman Walk Printed or typed name of signee		SA SA	, e	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company of Registered Agent	agree to act in thi. oper and complet osition as register erely reflect a cha ny has been notifie	s capacity. I further of the performance of my ed agent as provided three in the registered	igree to duties, for in office ange.	