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C. LEWIS

OCT 1 8 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Placentero LLC 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:			
Guille (ma Gleizer Name of Person			
Placentero LCC Firm/Company			
420 78 St # 10 Address			
Midmi Beach FL 33141 City/State and Zip Code			
SRGGESQ YA HOO. COM E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Grillerus Gleizer at (917) 59-0175 Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			
\$25 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: PLACEN	ITERO LLC
2. (a) Principal office address of limited liability company	: 420 78 St #10
(Note: MUST BE STREET ADDRESS)	- Mari Block Fr 3314
(b) Mailing address of limited liability company:	420 78 St #10
(Note: MAY BE POST OFFICE BOX)	Mari Beach FL
3-17-09 3. Date of filing/registration in Florida	<u>L10000083911</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on to Registered Agent: Registered Office Address:	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	420 78 Street # 10
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or authorized representative of a member College Colleg	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote.
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 men address, I hereby confirm that the limited liability company	per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Division of Corporations, P.O. Box 632 FILING FEE: \$2:	5.00
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