L10000085545

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COVER LETTER

Division of Corporations		
SUBJECT: GOLDEN PAR	TS RETRIEVER LLC	
Name of Limited Liability Company		
Dear Sir or Madam:		
- C - C - C - C - C - C - C - C - C - C		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Matthew Williams		
Name of Person		
Golden Parts Retriever LLC	·	
Firm/Company		
6017 Pine Ridge Road, Suite 248		
Address		
Naples, FL 34119		
City/State and Zip Code		
matthew@gprfetch.com E-mail address: (to be used for future annual report notification		
E-mail address: (to be used for future annual report notification	n)	
For further information concerning this matter, please call:		
to future information concerning and matter, pro-		
Motthou Williams	239) 247-5566	
Matthew Williams at (at (239 247-5566 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
rananassee, rionaa 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
<u> </u>		

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:	Golden Parts Retriever LLC
2. (a) Principal office address of limited liability comp	oany: 6017 <u>Pine Ridge Road</u>
(Note: MUST BE STREET ADDRESS)	Suite 248
42 24 99 11 69 1 11 199.	Naples, FL 34119
(b) Mailing address of limited liability company:	6017 Pine Ridge Road
(Note: MAY BE POST OFFICE BOX)	Suite 248 Naples, FL 34119
20/10/2010	•
08/13/2010 3 Data of filing/pagistration in Florida	<u>L10000085545</u> 4. Document number
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:	SOUTHWEST FLORIDA SHIPPING
Registered Office Address:	6355 NAPLES BLVD
	#5, SUITE 8
	NAPLES FL 34109
(b) Enter name of NEW Registered Agent and/or]	NEW Registered Office address:
NEW Registered Agent:	Peggy Chang
NEW Registered Office Address:	5983 Green Blvd
(MUST BE FLORIDA STREET ADDRESS)	Naples ,FL34116
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member. Matthew Williams Chief Operating Management of the limited liability company.	therwise provided in the articles of organization cany.
Printed or typed name of signee	<u>nger</u>
I hereby accept the appointment as registered agent at comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited hability composition of Registered Agent	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties; y position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.

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