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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SDIRA, LLC	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Leo Canton	
Name of Person	
SDIRA, LLC	
Firm/Company	
2655 Ulmerton Rd., #17	3
Address	
Clearwater, FL 33762	
City/State and Zip Code	
leo.canton@rocketmail.d	com
E-mail address: (to be used for future annual report n	otification)
For further information concerning this matt	er, please call:
Leo Canton	at (941) 993-2099
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	ng 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: SDIRA, LLC		 	
2. (a) Principal office address of limited liability comp (<i>Note: MUST BE STREET ADDRESS</i>)	Dany: 2655 Ulmerton Rd., #173 Clearwater, FL 33762		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2655 Ulmerton Rd., #173 Clearwater, FL 33762		
09/07/2010	L10000094110		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown	on the records of the Florid	da Dept. of State:	
Registered Agent:	Leo Canton, Manager		
Registered Office Address:	1242 Siesta Bayside Dr.		
	Sarasota, FL 34242		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2655 Ulmerton Rd. # 173		
NEW Registered Office Address:	2655 Ulmerton Rd.		
(MUST BE FLORIDA STREET ADDRESS)		CI 22762	
	Clearwater	,FL <u>33762</u>	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of lentical. Or, in the case of-	the registered office	
Control of the contro		RY P	
Leo Canton Printed or typed name of signee		POR S	
I hereby accept the appointment as registered agent an 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 liability comp	nd agree to act in this capa proper and complete performance position as registered age merely reflect a change in pany has been notified in w	icity I furthe w hares to	
Division of Corporations, P.O. Box	6327, Tallahassee, FL 3	2314	

FILING FEE: \$25.00

INHS18 (05/08)