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FEB 25 2011

COVER LETTER Registration Section **Division of Corporations** FLORIDA SMB **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: BERTHOMIEU Serge Name of Person Florida SMB Firm/Company 6702 Pointe West Blvd Address Bradenton, FL 34209 City/State and Zip Code mcmn@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michel Cerene Area Code & Daytime Telephone Number Name of Person 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

\$55 Filing Fee & Certified Copy

✓ \$25 Filing Fee

Enclosed is a check for the following amount:

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: FLORIDA SMB 6702 Pointe West Blvd 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Bradenton, Fl 34209 P.O Box 14762 (b) Mailing address of limited liability company: Bradenton, FL 34280 (Note: MAY BE POST OFFICE BOX) 01/10/2011 L1100003438 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Depth of Mate: Registered Agent: Berthomieu Serge 6702 Pointe West Blvd Registered Office Address: Bradenton FL 34209 US (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: CERENE. MICHEL **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member Michel Cerene Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent

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