(Requestor's Name)		
(Address)		
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D. BRUCE

MAR 25 2011

**EXAMINER** 

## **COVER LETTER**

Division of Corporations		
SUBJECT: ALWINFIWITY 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:		
Name of Person  Law Offices of Kravitz' ( Firm/Company	TUPL TCY	
Migmi, Florida 3313  City/State and Zip Code  Kathy & Kravitzlaw.com  E-mail address: (to be used for future annual report notification)	ARY OF STATE SSEE. FLORIDA	
For further information concerning this matter, plea	ase call:	
Name of Person at (	305 372-0222 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:		
V \$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.

01.43	10.710171111
1. Name of the limited liability company: HUN	INFINITY LLC
2. (a) Principal office address of limited liability compar	
(Note: MUST BE STREET ADDRESS)	# 4603
	Mion: FL 33150
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	Some as above
2/8/2011	L11000016160
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	<u>-</u>
Registered Agent:	Anita Espina
Registered Office Address:	5555 Collins Aug
	miemi Beach, 66 3340
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Pagistared Office address:
NEW Registered Agent:	Lawoffices of Kravitz · Guerra P.A
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	800 Brickell, Ave
(MOST DE TEORIEM STREET NEORESS)	Miami, Fr ,FL 33/31
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.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my particle of the provisions of the limited liability company address, I hereby confirm that the limited liability company	FILE MAR 24 MA WARASSEE, FL

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

Signature of Registered Agent