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COVER LETTER .

	egistration Section vision of Corporations			"	
SUBJECT: Catskill haunts of florida LLC					
	Name of	Limited	d Liability Co	mpany	
Dear Sir o	or Madam:				
The enclo	sed Registered Agent/Registered (Office (Change and fe	ee(s) are submitted for filing.	
Please ret	urn all correspondence concerning	this m	atter to the fo	llowing:	
	Armond Sabatini III Name of Person	, ,			
	Catskill Haunts of Florida LL Firm/Company	<u>.</u> C			
	8629 Sunbird Place				
	Boca Raton Florida 33496 City/State and Zip Code	<u>)</u>			
E-mail	catskillhaunts@yahoo.con address: (to be used for future annual report	notificatio	on)		
For furthe	er information concerning this mat	ter, plea	ase call:		
	Alona Sabatini	at (561)	826-7835	
	Name of Person		Area Co	de & Daytime Telephone Number	
Re Di Cl 26	CREET/COURIER ADDRESS: egistration Section vision of Corporations ifton Building 61 Executive Center Circle Illahassee, Florida 32301		Registration of P.O. Box 6	f Corporations	
Eı	nclosed is a check for the following	ng amo	ount:		
✓	\$25 Filing Fee		\$55 Filin	ng 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.

3 / /	
1. Name of the limited liability company:	Catskill Haunts of Florida LLC
2. (a) Principal office address of limited liability con	
(Note: MUST BE STREET ADDRESS)	Boca Raton Fl. 33496
(b) Mailing address of limited liability company:	- 6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
(Note: MAY BE POST OFFICE BOX)	Boca Raton Fl. 33496
May 4, 2011	L11000052592
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:
Registered Agent:	United States Corporation Agents, Inc
Registered Office Address:	13302 winding Oak Court
	Suite A Tampa, FL.
(b) Enter name of <u>NEW Registered Agent</u> and/on <u>NEW Registered Agent</u> :	or NEW Registered Office address: Armond Sabatini III
NEW Registered Office Address:	8629 Sunbird Place
MUST BE FLORIDA STREET ADDRESS	Boca Raton ,FL33496
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the charge of the members of the limited liability company or as or the operating agreement of the limited liability considerable. Signature of a member or authorized representative of a member Armonia SABATINA Printed or typed name of signee	the Florida street address of the registered office deficient definition in the case of a Florida limited ange(s) was/were authorized by an affirmative vote.
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address. I hereby confirm that the limited liability co	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office ompany has been notified in writing of this change.

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