## L11000057167

(Re	equestor's Name)				
(Ac	ddress)				
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(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		:			





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SECRETARY OF STATE

J. BRYAN

SEP - 6 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	Gorobana Cutomer Care, LLC					
	Name of	Limited	Liabili	ty Compa	iny <sup>.</sup>	
Dear	Sir or Madam:					
The e	nclosed Registered Agent/Registered	Office (	Change :	and fee(s)	are submitted for	filing.
Please	e return all correspondence concerning	g this m	atter to	he follow	ving:	
·	Anais Gomez			_		
	Name of Person					
	Gorobana Customer Care	)		_		
	Firm Company					15 co
	12722 Boggy Pointe Drive	<b>)</b>		_		SEP SECRE
	Address					BE LO F
						SEA P IT
	Orlando, FL. 32824					
	City State and Zip Code			-		SEP-2 PM 1: 06 CRETARY OF STATE LAHASSEE: FLORID
	agomez5@cfl.rr.com					<b>'হিল</b>
E	-mail address: (to be used for future annual report	notificatio	n)	_		
For fu	rther information concerning this mat	ter, plea	ise call:			
	Anais Gomez	at (	407	`	888-2185	
	Name of Person	\		rea Code &	Daytime Telephone Nu	mber
	STREET/COURIER ADDRESS:		MAI	LING AD	ndrcc.	
	Registration Section			stration Se		
	Division of Corporations Division of Corporations					
	Clifton Building	P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301		Talla	hassee, Fle	orida 32314	
	Enclosed is a check for the following	ng amo	unt:			
	\$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.

Name of the limited liability company:	Gorobana Customer Care			
2. (a) Principal office address of limited liability compa	nny: 12722 Boggy Pointe Drive			
(Note: MUST BE STREET ADDRESS)	Orlando, FL 32824			
(b) Mailing address of limited liability company:	12722 Boggy Pointe Drive			
(Note: MAY BE POST OFFICE BOX)	Orlando, FL 32824			
May 16,2011	L11000057167			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown o	on the records of the Florida Dept. of State:			
Registered Agent:	Anais Gomez			
Registered Office Address:	13560 Turtle Marsh Logo 4313			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	Anais Gomez  12722 Boggy Pointe Drive			
(MUST BE FLORIDA STREET ADDRESS)	Orlando ,FL32824			
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 ide liability company, it is hereby confirmed that the change of 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  Anais Gomez  Printed or typed name of signee	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote terwise provided in the articles of organization			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pander oos, F.S. Or, if this document is being filed to naddress, whereby confirm that the limited liability compa	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office in has been notified in writing of this change.			

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