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(Requestor's Name)		
(Address)		
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PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





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SECRETARY OF STATE ALLAHASSEE, FLORIDA

TILED

J. BRYAN

MAR 2 3 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Deportivo Name of Limited Liability	Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	I fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	following:
<u>Allxandra Dunn</u> Name of Person	
Deportivo Firm/Company	
425 Bayfront De	TALLE SECRE
Boynton Bch \$1. 33435 City/State and Zip Code	TILE PH :: 44 CARL TARSSEE, FLORIDE LAHASSEE, FLORIDE STATE STA
LUXandradunnee Qyahoo. C E-mail address: (to be used for future annual report notification)	m SE F
For further information concerning this matter, please call:	
OULXOUDE Dun at (561) Name of Person Area	207 · 0442_ Code & Daytime Telephone Number
Registration Section Registra Division of Corporations Division Clifton Building P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee \$55 Fi	iling 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: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address **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. anature of a member or authorized representative of a member 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. ignature of Registered Agent