## 112000009423

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EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
	mpto LLC I Liability Company	
	. Duomiy 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:		
Benjamin M. Kosinski		
Name of Person		
Sumpto LLC	<del></del>	
Firm/Company	A.S. 28	
950 Brickell Bay Drive Apartment 5404	HE X	
Address	SSE SSE	
Miami, FL 33131		
City/State and Zip Code	ZIIZ APR 27 PM IZ: 1.7 SECRETARY OF STATE ALLAHASSEE FLORID/	
	<del>;</del> <del></del>	
BEN@SUMPTO.COM  E-mail address: (to be used for future annual report notification)		
13-mail address. (to be used for future amidal report notification)		
For further information concerning this matter, please call:		
Benjamin M. Kosinski at (	203 ) 246-8539	
Name of Person	Area Code & Daytime Telephone Number	
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 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$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:	Sumpto LLC	
2. (a) Principal office address of limited liability company	950 Brickell Bay Drive	
(Note: MUST BE STREET ADDRESS)	Apartment 4704 Miami, FL 33131	
(b) Mailing address of limited liability company:	950 Brickell Bay Drive	
(Note: MAY BE POST OFFICE BOX)	Apartment 4704 Miami, FL 33131	
January 19,2012	L12000009423	
	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	Benjamin M. Kosinski	
Registered Office Address:	950 Brickell Bay Drive Coo Apartment 4704 SA Miami, FL 33131	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
<b><u>NEW</u></b> Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	950 Brickell Bay Drive Apartment 5404	
	Miami ,FL33131	
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the FI and the business office of the registered agent will be identiliability 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	orida street address of the registered office	
Benjamin M. Kosinski Printed or typed name of signee	-	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited hability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.	

Signature of Registered Agent