#/12000/1777

(Re	questor's Name)			
(Address)				
(Ad	dress)	,		
(Cit	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



100242398561

12/10/12--01015--024 **\$5.00

FILED

2 DEC 10 PH 4: 31

ECRETARY OF STATE
HIMMOSSEF FLORIDA

K. SALY EXAMINER DEC 1 2 2012

COVER LETTER

TO: Registration Section Division of Corporations

_{SURJECT:} Cyber Palace of Florida, 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:

John Vega

Name of Person

Firm/Company

3504 Superior Court

Address

Orlando, FL 32810

City/State and Zip Code

jvega@sweepstakesinternetcafe.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Vega

_{st.}321

354-8773

Name of Person

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:

* \$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.

1. Nε	ame of the limited liability company: Cyber Pelace of Flor	da, LLC	
2. (a)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	19: 3830 S. Highway A1A Suite C-3 Melbourne Beach, FL 32951	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3830 S. Highway A1A Suite C-3 Melbourne Beach, FL 32851	
01/25/2	012	L12000011777	SS. CO
3. Da	ate of filing/registration in Florida	4. Document number	100 F.
5. (a	Registered Agent and Registered Office shown o	n the records of the Florida I	Dept. of State.
	Registered Agent:	John Vega	Y
	Registered Office Address:	820 CAMARGO WAY #107 ALTAMOR	NTE SPRINGS FL 32714
		,	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office add	ress:
	NEW Registered Agent:	Larry Patel	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3830 S. Highway A1A Suite C-3	
	MOST DE L'ECRIDA STREET ADDRESS	Melbourne Beach	,FL 32951
confinand the liabilithe method	limited liability company is not organized under the med that after the change or changes are made, the ne business office of the registered agent will be ide ity company, it is hereby confirmed that the change embers of the limited liability company or as other perating agreement of the limited liability company. The of a member or authorized representative of a member	Florida street address of the ntical. Or, in the case of a F s) was/were authorized by a vise provided in the articles	registered office lorida limited in affirmative vote of
John Ve	ana a		•
	or typed name of signee	····	
comp and I Chap addre	eby accept the appointment as registered agent and ly with the provisions of all statutes relative to the part am familiar with and accept the obligations of my ter 608, F.S. Or, if this document is being filed to tess, I hereby confirm that the limited liability compositions.	agree to act in this capacity proper and complete perform position as registered agent nerely reflect a change in the any has been notified in write	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.
Signati	ure of Registered Agent		

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