U12000048884

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Oity/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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COVER LETTER

TO: Registration Section **Division of Corporations**

PISCIS SWIM ACADEMY 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:

SANTOFIMIO, SANDRA

Name of Person

PISCIS SWIM ACADEMY LLC

Firm/Company

6851 S.W. 44TH STREET, APT. #305

Address

MIAMI, FL 33155

City/State and Zip Code

PISCIS@VIRESGROUP.COM

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

For further information concerning this matter, please call:

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

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: PISCIS SWIM ACADI	EMY LLEC	
2. (a) Principal office address of limited liability compar	N. 11300 NW 41 St	
(Note: MUST BE STREET ADDRESS)	Doral, FL, 33178	
(b) Mailing address of limited liability company:	6851 S.W. 44TH STREET, APT. #305	
(Note: MAY BE POST OFFICE BOX)	MIAMI, FL 33155	
04/10/2012	L12000048884	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida I	Dept. of State:
Registered Agent:	SANDRA SANTOFIMIO	
Registered Office Address:	3000 S.W. 3RD AVENUE # 708	
Registered Office Address.	MIAMI, FL 33129	26 A S
		-6 - 5
		APR APR
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office addr	ress: N
NEW Registered Agent:	SANDRA SANTOFIMIO	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6851 S.W. 44TH STREET, APT. #305	
		<u>5</u>
	MIAMI	FL 33155
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (the members of the limited liability company or as otherw the operating agreement of the limited liability company.	Florida street address of the ntical. Or, in the case of a F s) was/were authorized by an	registered office lorida limited n affirmative vote of
Signature of a member or authorized representative of a member		
SANDRA SANTOFIMIO		
Printed or typed name of signee		
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 pand I am familiar with and accept the obligations of my pand I am familiar with and accept the being filed to maddress, I hereby confirm that the limited liability compand	agree to act in this capacity roper and complete perform osition as registered agent of erely reflect a change in the ny has been notified in writi	. I further agree to nance of my duties, as provided for in registered office ng of this change.
Signature of Registered Agent		

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