## 1200052463

(1	Requestor's Name	e)
(,	Address)	
(,	Address)	
(1	City/State/Zip/Pho	one #)
PICK-UP	WAIT	MAIL
(	Business Entity N	ame)
(	Document Number	er)
Certified Copies	Certificat	tes of Status
Special Instructions	to Filing Officer:	:
		:

Office Use Only

G. MCLEOD

SEP 12 2012

EXAMINER



700238032357

08/06/12-01015-016 \*\*35.00

12 SEP IN PH 2: 03

JEGMETARY OF STATE
ALLAHASSEE, FLORID;

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TWSTANT TRADING LA Name of Li	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
FIDEL ARUNA Name of Person	
Name of Person	•
INSTANT TRADING LLC	2
1 min company	
2039C COOLIDGE St.	
Address	
Holl /www fla 3:	3020
City/State and Zip Code	
FIBEL 44 C PINGCONTRACTORS, E-mail address: (to be used for future annual report no	COMCASTBIZ. NET
For further information concerning this matte	r, please call:
FIREL ARUNA	at (954) 494-6333
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section 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	g 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.

agent, or both, in the state of 1 tortain.	
1. Name of the limited liability company:	TRADING LLC
2. (a) Principal office address of limited liability company:	
(Note: MUST BE STREET ADDRESS)	HOLLYNOWD, FL 3302C
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	2039C. COOLIDGEST. 33020
.4/13/2012	L 12000052463
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	RAFAEL A. CABRERA
Registered Office Address:	722 N.W. 125 COURT
	MIAMI FC. 33182
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	FIDEL ACUNA  2039C COOLDGE St.
MUST BE FLORIDA STREET ADDRESS)	TOLUMNOD FC- 33020
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl 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 otherworthe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the province of a member of the limited liability company. Chapter 608, F.S. Of if this accument is being filed to mendadress thereby confirm that the limited liability company.	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.
Signature of Registered Agent	

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