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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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COVER LETTER

TO: Registration Division o	on Section f Corporations				
SUBJECT:		PIEROSA	444		
50B5E1.	Name of Limited Liability Company				
Dear Sir or Madar	n:				
The enclosed Reg	istered Agent/Registered	Office Change and	fee(s) are submitted for filing.		
Please return all co	orrespondence concernin	g this matter to the	following:		
,	PIER WMBORSO	UNIONE	305-509-2229		
	Name of Person				
	<i>/</i>	PIEROSA. LL	•		
	Firm/Company				
/ -	1943 GLENE	AGLE CT			
	Address	<u> </u>			
	FORS MYER		3008		
	City/State and Zip Code		/ - •		
,	RACAHLIN CA.	or com			
E-mail address: (t	o be used for future annual repor	t notification)			
For further inform	ation concerning this ma	itter, please call:			
RICH	IARD A CAHLIN	at (3 o \(\)	311 6200		
Nan	ne of Person	Area	Code & Daytime Telephone Number		
STREET/O	COURIER ADDRESS:	MAILI	NG ADDRESS:		
—	Registration Section Registration Section				
	Corporations		n of Corporations		
Clifton Bui	2	P.O. Bo			
	ntive Center Circle c, Florida 32301	1 anana	ssee, Florida 32314		
Enclosed i	is a check for the follow	ing amount:			
□ \$25 Fili	ing Fee	□ \$55 F	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. PIEROSA LLC 1. Name of the limited liability company: ____ 2. (a) Principal office address of limited liability company: 1943 CLENEAGLE Cr (Note: MUST BE STREET ADDRESS) FOR MYELT FL 3390 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 120000 56020 4. 25.12 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: CORPORATION SERVILE COMPANY Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: A CAMLIN CPA **NEW** Registered Agent: 1001 BRICKEIL BAY DR **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. Signature of a member or authorized representative of a member PIERUMBERTO UNIONE Printed or typed name of signee 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.

Mull Glum c/A Signature of Registered Agent

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