U2000114478

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Cassial Instructions to Siling Office				
Special Instructions to Filing Officer:				





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COVER LETTER

Division of Corp	orations			
SUBJECT:		PROMA~	AGERENT,	LLC
	Name of	Elimica Elabini	Company	
Dear Sir or Madam:				
The enclosed Registered	Agent/Registered (Office Change a	nd fee(s) are submitte	d for filing.
Please return all correspondent	ondence concerning	this matter to th	e following:	
CHE	ISTIBN CE	EVALLOS		
Na	me of Person			
				For Es
Fi	m/Company			MIN TELES
920	1 SW 167	PLACE		10 -9 50 -9
	Address		•	
D11.	AMI, FL. 3	3196		
City/S	ate and Zip Code		•	130 1 1 12
	1105123@hot		a	
E-mail address: (to be use	for future annual report	notification)		
For further information of	concerning this mat	ter, please call:		
CHRIST	AN CEVALL	Sat (305	812-66	39
Name of Per	son	Aı	rea Code & Daytime Telepho	one Number
STREET/COUR			LING ADDRESS:	
Registration Section			tration Section	
Division of Corpo Clifton Building	Iduolis		ion of Corporations Box 6327	
2661 Executive Co	enter Circle		hassee, Florida 32314	
Tallahassee, Florid		1 61161	140000, 1 101104 J2J14	
Enclosed is a ch	eck for the followi	ng amount:		
1 \$25 Filing Fee		□ \$ 55	Filing Fee & Certifie	ed Conv

TO: Registration Section

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: AMERICA	PROMANAGENENT, LIC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	9204 SW 167 PIACE HIAHI - FL. 33196
(Note: MOSI BE SIREEI ADDRESS)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	9204 SW 167 PLACE MIAMI, FL. 33196
09/06/2012	212000114478
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	CHRISTIAN CEVALUS
Registered Office Address:	13454 SW 68 TERRACE
	HIAMI - FL-33183
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address
NEW Registered Agent:	
NEW Registered Office Address:	9204 SW 167 PLACE
(MUST BE FLORIDA STREET ADDRESS)	~ 1801 ,FL 33/90
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.	lorida street address of the registered office
Signature of a member or authorized representative of a member	
CHRISTIAN CEVALIOS	

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.

Signature of Registered Agent