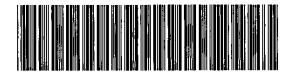
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(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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COVER LETTER

SUBJECT: All Express Capso LC. 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:			
Seggio Sicilia Name of Person Lindeven Corp. Firm/Company			
8248 N.W 30 Terrace			
DORAL FL 33122 City/State and Zip Code			
Operations indeven a smail com E-mail address: (to be used for future annual report redication)			
For further information concerning this matter, please call:			
Yuzlen Lange at (305) 669-2146 Name of Person at (305) 669-2146 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			

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

TO: Registration Section

Division of Corporations

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 ord agent, or both, in the State of Florida.	er to change its registered office or registered
1. Name of the limited liability company:	Dress Coppo LLC.
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	DO20 FL 33122
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	same as about
10/25/2012	L12000136244
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:
Registered Agent:	Indeven, COPD.
Registered Office Address:	7410 SW 4899 ST
	HiAmi, F-L 33155
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	Indeven, Copp
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	BZ48 N.W 30th Temore
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 iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company. Signature of the appointment as registered agent and comply with the provisions of all statutes relative to the provisions of all statutes re	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of ise provided in the articles of organization or SECO ALL ALL ALL ALL ALL ALL ALL ALL ALL AL
Division of Corporations, P.O. Box 6	327, Tallahassee, FL 32314

FILING FEE: \$25.00