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## **COVER LETTER**

INHS18 (2/14)

TO: Registration Section Division of Corporations				
SUBJECT: AUSTRAL PARTNERS INTERNATIO				<del></del>
Nam	ie of Limite	ed Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ice Change	and fee(s) are submitted for fili	ing.	
Please return all correspondence concerning this	is matter to	the following:		
Leonel Narea				
Name of Person		<del></del>		
AUSTRAL PARTNERS INTERNATIONAL LLC				
Firm/Company				
560 Main Street, Apt. 731				
Address				
New York, NY 10044		<del></del>		
City/State and Zip Code				
Inarea@australpartners.com				
E-mail address: (to be used for future ann	ual report r	notification)		
For further information concerning this matter,	please call	:		
Leonel Narea	at ( <sup>917</sup>	7681257		_
Name of Person		Area Code & Daytime To	-	
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	Fi Depi	lof State
Enclosed is a check for the following	amount:			
\$25 Filing Fee	C	\$55 Filing Fee & Certified C	ору	



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

2. (a)	Leonel Narea	(b) Registered Agents Inc		
• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	~) <del></del>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	725 Ridgewood Road		7901 4th 8	St N, Suite 300
	Key Biscayne, Ft. 33149	_	St. Peters	burg, FL 33702
	11/06/2012		L12000140	1494
i.	Date of filing/registration in Florida	4.		Document number
. (a)	Leonel Narea			
. ()	Registered Agent and Registered Office shown on the records of the	he Florid	a Dept. of Star	<del>_</del> te:
	725 Ridgewood Road			702.
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES:	27	2023 NOV -1
	Key Biscayne, FL	33149		
(b)	Registered Agents Inc			2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ad	dress:	<i>.</i> .
	7901 4th St N			
	NEW Registered Office Address:			_
	STE 300			_
	St. Petersburg 3	3702		_
ne char gent w yas/we ne artic	mited liability company is not organized under the lawinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liable re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable.	he registify controls the limited l	stered office ompany, it i lited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.
Signati	are of a member of authorized representative of a member			Printed or typed name of signee
e obli mere	y accept the appointment as registered agent and agre ons of all statuted relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	eriorm.	ance of mit.	dulies and Lam familiar with and accor

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

- Assistant Secretary

**David Roberts** 

Signature of Registered Agent