## L130000145-38

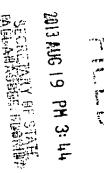
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



700250674257

08/19/13--01015--003 \*\*25.00



AUG 20 2013 T CLINE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: FERSONAL TIME Name of	Mumo Towns UL f 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 concernin	ng this matter to the following:	
BREAN WALT Name of Person		
PENSUNA TOME PRUMUNON	us LLC	
180 SE 20= AVE #362. € Address		<u></u>
Dearloas Senell, Sc City/State and Zip Code		
E-mail address: (to be used for future annual report	rt notification)	F
For further information concerning this ma	atter, please call:	
BROWN WAT	at ( 954 )	
Name of Person	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	
Enclosed is a check for the follow	ving 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 608.500 liability company submits the following statement in order agent, or both, in the State of Florida.				
1. Name of the limited liability company: Pensorat 7	DME PROMOTONS LK			
2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	4937 NW 55 BLVD. COLONIS CHERAL (FL 33-7)			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4937 NU SS= BLVD ECCURIT CHESIC (12 33073			
TUNE 3, 2013	L13060079538			
3. Date of filing/registration in Florida 4	. Document number			
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:			
Registered Agent:	BRAAN WALT			
Registered Office Address:	4937 NW 58 BW) (OWDVI CACK IF 33073			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	BROAN WALT &			
(MUST BE FLORIDA STREET ADDRESS)	Destrond BENTATE TO FLOSS 44/			
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of member or authorized representative of a member	ws of the State of Florida at is hereby orida street address of the registered office cal. Or, in the case of a Florida limited			
Printed or typed name of signee	-			
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F,S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.			
Signature of Registered Agent				

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