

L16000105431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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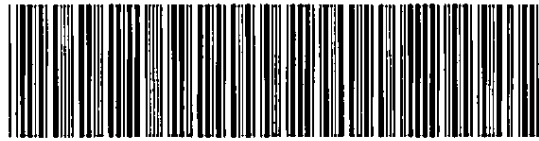
(Business Entity Name)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 425 EXECUTIVE 103, LLC  
Name of Corporation

**DOCUMENT NUMBER:** L16000105431

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wallace Rodecker

Name of Contact Person

425 EXECUTIVE 103, LLC

Firm/Company

17284 Newhope St #222

Address

Fountain Valley, CA 92708

City/State and Zip Code

wallace@rodecker.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wallace Rodecker

Name of Contact Person

at ( 714 ) 241-7368

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

**Street Address:**

Amendment Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303