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CRETARY OF STATES LLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	`•			
SUBJECT: PREVIII BUSINESS GROUP LLC 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:				
Melissa Santos Name of Person	•			
Prevail Business Group LCC Firm/Company				
7821 NW 10th St Address				
Pembruke Pines F1. 33074 City/State and Zip Code				
MELA425 @ YUNOV.COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
MCISSU Santos at (786) 424-619 U Name of Person Area Code & Daytime Telephone N	 lumber			
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 following amount:				
\$25 Filing Fee \$\Bigsim \\$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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.

1. N	Name of the limited liability company:	Dreva	il Bus	iness	Group	ilà
2. (a)		(b)		•	
(u.	Principal office address of limited liability (Note: MUST BE STREET ADDR		(0)	-	ess of limited liabi	
	7821 NN 10th CT					
	Pembruke Pines, FI	. 33024	<u> </u>	-		
3.	Date of filing/registration in Flor		- 4.	 Documer	t number	
			4.	Documen	it Hulliber	
5. (a	Registered Agents I Registered Agent and Registered Office shown on		he Florida Dept. o	f State:		
	3030 N RUCKY POINT Registered Office Address (MUST BE FLORI 3030 N RUCKY POIN	DA STREET A		; [*]	SECRET	美型
	Tampa				ASSEC.	FILED FILED
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered	Office address:		TATE	(2) (3)
	Melisca Santo	S				
	NEW Registered Office Address:					
	1851 NM 10th St					
	Pembroke Pines	, FL_	33024			
the chagent was/w	limited liability company is not organized using or changes are made, the Florida stree will be identical. Or, in the case of a Florida vere authorized by an affirmative vote of the ticles of organization or the operating agree	et address of the data limited liable members of the liment of the liable and the	the registered o bility company f the limited lia limited liability	office and the b , it is hereby company company.	usiness office of onfirmed that the or as otherwis	of the registered ne change(s) e provided in
Sign	ature of a member of authorized representative of a m	iember		Printed or	San tus Typed name of sign	ee
I here provis the ob to men notifie	eby accept the appointment as registered as sions of all statutes relative to the proper as obligations of my position as registered agently reflect a change in the registered office and in writing of this change.	pent and agre	ee to act in this performance of for in Chapter ereby confirm t	capacity. I fu my duties, and 605, F.S. Or, that the limited	rther agree to c I I am familiar if this documen I liability compo	omply with the with and accept it is being filed any has been