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PICK-UP WAIT MAIL						
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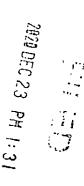


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S. YOUNG



COVER LETTER

TO:	Registration Section Division of Corporations								
SHRIE		BUCK MEDIATION & CONSULTING SERVICES, LLC							
SUDJE		of Limited Li	ability Company						
Dear Si	r or Madam:								
The end	closed Registered Agent/Registered Offic	e Change and i	fee(s) are submitted for filing.						
Please	return all correspondence concerning this	matter to the f	ollowing:						
MARG	ARET BUCK								
SUBJECT: BUCK MEDIATION & CONSULTING SERVI Name of Limit Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change Please return all correspondence concerning this matter to MARGARET BUCK Name of Person BUCK MEDIATION & CONSULTING SERVICES, LLC Firm/Company 7325 SW 105 TERRACE Address MIAMI, FLORIDA 33156 City/State and Zip Code MAGGIE@BUCKREALTYGROUP.COM E-mail address: (to be used for future annual report reformation concerning this matter, please calls)			_						
BUCK :	MEDIATION & CONSULTING SERVICES	, LLC							
Name of Person BUCK MEDIATION & CONSULTING SERVICES, LLC Firm/Company 7325 SW 105 TERRACE Address MIAMI, FLORIDA 33156 City/State and Zip Code			_						
7325 SV	V 105 TERRACE								
	Address	-	_						
MIAMI	, FLORIDA 33156								
	Name of Person K MEDIATION & CONSULTING SERVICES, LLC Firm/Company SW 105 TERRACE Address MI, FLORIDA 33156 City/State and Zip Code GIE@BUCKREALTYGROUP.COM E-mail address: (to be used for future annual report notification) orther information concerning this matter, please call: GARET BUCK 305 342-1940								
	•								
E-	mail address: (to be used for future annu	al report notific	cation)						
For furt	her information concerning this matter, p	lease call:							
MARGA	ARET BUCK		342-1940						
	Name of Person	_ *** (Area Code & Daytime Telephone Number						
Registration Section Division of Corporations P.O. Box 6327			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
	Enclosed is a check for the following a	mount:							
	■ \$25 Filing Fee	□ \$55	5 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.

Principal office address of lim (Note: MUST BE STR		(b)	Mailir	ng address of limite	d liability compa	any:
7325 SW 105	5 TERRICE	•	7225.	SW 105	Tellac	,
MIAMI, FL. 33156			MIAMI, FL. 33		3.500	
09/24/5	(0-3 ()		12	m 0 $\stackrel{\circ}{\sim}$	Х СЭЭ	18
Date of filing/registrat	tion in Florida	4.	Doc	ument number		
(a)						
Registered Agent and Registered Offi	ice shown on the records of	of the Florida I	Dept. of State:			
PBC ACCOUNTING & TAX SE	ERVICES CORP					
Registered Office Address (MUS)	T BE FLORIDA STREE	T ADDRESS)				
8145 SW 132 STREET					7 £	
MIAMI		33156	 		13 D	
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					. 23	٠ -
Enter name of <u>NEW Registered Age</u>	nt and/or NEW Register	ed Office addı	'ess:		75	: غ ۱۰ مو
						م _{عمو} .:
MARGARET BUCK					$\frac{\omega}{-}$	
NEW Registered Office Address:						
7325 SW 105 TERRACE						
MIAMI	, , }	FL				
e limited liability company is not onge or changes are made, the Floridat will be identical. Or, in the case were authorized by an affirmative articles of organization or the operation of a member or authorized representation.	da street address of the of a Florida limited vote of the members ating agreement of the	ne registered liability com s of the limit se limited lia	office and the pany, it is here ed liability cor bility company GARET BUCK	business office by confirmed to npany or as other	of the registe hat the chang erwise provid	ered e(s)