## M0380808 1051

4.					
	(Req	uestor's N	lame)		
<u> </u>	(Add	lress)			
	(Add	ress)			
	(City	/State/Zip/	/Phone	#)	
PICK-U	P	☐ WA	JT		MAIL
	(Bus	iness Enti	ty Name	e)	
	`		•	•	
	(Doc	ument Nu	mber)		
	•		·		
Certified Copies		Certi	ficates o	of Status	s
			,		
					1
Special Instruction	is to F	iling Office	∋r:		
					DB

Office Use Only



700111425057

11/02/07--01015--009 \*\*25.00

07 NOV -2 PM 12: 25
SECRETARY OF STATE

## COVER LETTER

•	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: International (Name of	Sourcine Goys, LLC of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Cris Peterson (Name of Person)	
International Sources	Group, LLC ALE 2 TO THE ASSET OF THE ASSET O
4500 140th De 1	O Suite 101
Clearwater FL (City/State and Zip Code)	33762 PRINT 25
For further information concerning this ma	atter, please call:
Cris Peterson  (Name of Person)	at (727) 443-4211 (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 608.508, 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. The name of the limited liability company is: -2. The mailing address of the limited liability company is: of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Address 6. The name and address of the new registered agent and/or office: Florida street address (P.O. Box NOT acceptable) City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company it is bereby confirmed that the change(s) was/were authorized by an affirmative vote the limited liability company or as otherwise provided in the articles of organization rement of the limited liability company. (Signature of a member or authorized representative of a member)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statules relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 108. It is observed this document is being filed to merely reflect a change in the registered office address the few confirms that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

(Printed or typed name of signee)