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(R	lequestor's Name) -	
<u> </u>	.ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(3)	usiness Entity Name)	
(D	ocument Number)	
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B. KOHR

**EXAMINER** 



ACCOUNT NO. : I2000000195

REFERENCE : 583007

7801633 .

AUTHORIZATION :

COST LIMIT :

ORDER DATE: November 19, 2010

ORDER TIME : 2:34 PM

ORDER NO. : 583007-004

CUSTOMER NO: 7801633

## CHANGE OF AGENT

NAME: CORPORATE BROKERS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.5 company submits the following statement in order to chain the State of Florida.  1. Name of the limited liability company:  CORPORATE	08, Florida Statutes, the under. ange its registered office or reg	signed limited liabil istered agentygr bol
I. Name of the limited liability company: CORPORATE	BROKERS, LLC	
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
03/31/2008	M08000001556	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept	. of State:
Registered Agent:	Business Filing, Inc.	
Registered Office Address:	1203 Governor Square Blvd. Tallahassee, FL 32301	
	1 analusses, 1 D 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address:	
NEW Registered Agent:	Corporation Service Company	
NEW Registered Office Address:	1201 Hays Street	····
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL, 32301
f the limited liability company is not organized under the hat after the change or changes are made, the Florida strength of the registered agent will be identical. Or, in the energy confirmed that the change(s) was/were authorized iability company or as otherwise provided in the articles imited liability company.  Signature of a member or puttorized representative of a member)	et address of the registered office	ce and the business
Blanca Lozada, Authorized Person		
(Printed or typed name of signee)  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the print familiar with and accept the obligations of my position. S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified. Corporation Service Company.  Signature of Registered Agent) Sylvia Queppet, Asst. Vice President.	agree to act in this capacity. I for the control of this change.	urther agree to e of my duties, and I d for in Chapter 608 address, I hêreby

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