## M09000002988

(Requestor's Name)	
(Address)	
(Address)	
. (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
. : (Business Entity Name)	
(Business Linuty Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON
JUL 2 8 2010
EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: M. I. Fary Parts Exchange LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:	
ENIC HLAR Name of Person		
Military Parts Eachange LLC Firm/Company		
,		
701 N.W. 57 M Place		
Fort Landewall, FL 3330 City/State and Zip Code	<del></del>	
	•	
E-mail address: (to be fised for future annual report notification)		
For further information concerning this matter, please call:		
BOIL KLAR	at (954) 202-9933 xf301	
Name of Person	at ( <u>954</u> ) <u>202 - 9933 X &amp; S0 /</u> Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following 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. Name of the limited liability company:	ART PARTS EXCHANGE, LLC
2. (a) Principal office address of limited liability company	y: 700 N.W.57TH PLACE, SUITE 7
(Note: MUST BE STREET ADDRESS)	FORT LAUDERDALE, FL 33309
(b) Mailing address of limited liability company:	
[Note: MAY BE POST OFFICE BOX]	
08/03/2009	M0900002988
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	NATIONAL CORPORATE RESEARCH
Registered Office Address:	515 EAST PARK AVENUE TALLAHASSEE, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address:
NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	Fact Landendall FL 33309
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of the obligations of my per Chapter 608, F.S. Or, if this document is being filed to me address, hereby confirm that the limited liability company.	Florida street address of the registered office tical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote twise provided in the articles of organization of the control o
address, Thereby confirm that the limited liability company	ny has been notified in writing of this change. 5