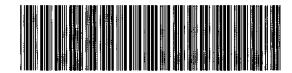
## M1000001355

	(Requestor's Name)	
;		
	(Address)	
	A.L.	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

G. MCLE (Co) Use Only

JUL 27 2010

EXAMINE F



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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lou Geniu	S L L C ed Liability Company
Name of Limite	ed 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 r	matter to the following:
Louis V. Palenmo	
Firm/Company	<u> </u>
P.O. BOX 2468	<del>Q</del>
Silver Bry MY City/State and Zip Code	12874
The Michael gen group @ E-mail address: (to be used for future finnual report notificat	hotmail.com
For further information concerning this matter, ple	ease call:
Louis V. Paleamo at (	5/8) 796-6785- Area Code & Daytime Telephone Number
	, ,
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananasoo, rionaa 32317
Enclosed is a check for the following am	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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

liability company submits the following statement in order agent, or both, in the State of Florida.	r to change its registered office or registered
1. Name of the limited liability company: Lou G	revius LLC
2. (a) Principal office address of limited liability company	22 - CH CL
(Note: MUST BE STREET ADDRESS)	Miami-Beach FL 33/3
(b) Mailing address of limited liability company:	P.O. Box 4/5835
(Note: MAY BE POST OFFICE BOX)	Minmi Beach FL 331
3. Date of filing/registration in Florida	M1000000 1355  4. Document number
5. (a) Registered Agent and Registered Office shown on the	-
Registered Agent:	Louis V. PAlermo.
Registered Office Address:	1900 HAR BOR ISLAND DR. Apt. NORTH BAY VILLAGE FL. 3319
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> NEW Registered Agent:	
	235-18 M St.
(MUST BE FLORIDA STREET ADDRESS)	M.1mi BERR H ,FL 33/39
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization.
Louis V. PAlermo.	25. 25. 25. 25. 25. 25. 25. 25. 25. 25.
Printed or typed name of signee	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608 F.S. Or, if this accument is being filed to mer address. Thereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in
address thereby confirm that the limited liability company	ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent  Division of Corporations, P.O. Box 632	

FILING FEE: \$25.00

INHS18 (05/08)