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Certificates	s of Status
Special Instructions to Filing Officer:	
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SECVEDARY OF STATE
SECURITION
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C. LEWIS AUG 1 4 2012 EXAMINER

DANS STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR

Phirshant losthe 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.

2. "0.

A ST CONTROL OF STATE STATE	Magaza To An End LLC
Name of the limited liability company:	
2. (a) Principal office address of limited liability company	y: 3917 Amboy Road
(Note: MUST BE STREET ADDRESS)	Staten Island NY 10308
(b) Mailing address of limited liability company:	same From C
(Note: MAY BE POST OFFICE BOX)	
8/3/10 3. Date of filing/registration in Florida	M10000003606 FIG. 2
5. (a) Registered Agent and Registered Office shown on	무건 것
Registered Agent:	Mait Raity & Development
Registered Office Address:	6237 Presidential Court Suite 120 Fort Myers Fl 33919
• · · ·	
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
<u>NEW</u> Registered Agent:	Rossman Realty Group, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1104 SE 46th Lane Unit 2 Cape Coral ,FL33904
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 ident 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	laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.
Sharon Voto	
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 prognal I am familiar with and accept the obligations of my pochante 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office o has been notified in writing of this change.
Signinus of Registered Askini	

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