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EXAMINER



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: EDPAT Investments LLC  Name of Limited Liability Company		
Name of Emilion Blacking 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 matter to the following:		
Donna Skaw Name of Person		
Parific Dean Park PIL Firm/Company		
PO Box 724  Address		
MTEO12A, VICTORIA 3930  City/State and Zip Code PLUSTRALLA		
E-mail address: (to be used for Julie annual report notification)		
For further information concerning this matter, please call:		
Donna SHAW at 310 · 584 · 7219  Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:		
\$25 Filing Fee & Certified Copy		
INHS18 (5/08)		

## 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.

Name of the limited liability company:	EDPAT Investments LLC	
2. (a) Principal office address of limited liability con	npany:	
(Note: MUST BE STREET ADDRESS)	LEVEL 1, 51 YARRA STREET Geelong, Victoria, Australia XX 3220 XX	
(b) Mailing address of limited liability company:	<del></del>	
(Note: MAY BE POST OFFICE BOX)	LEVEL 1, 51 YARRA STREET Geelong, Victoria, Australia XX 3220 XX	
12/27/2010	M1000005759	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shows	n on the records of the Florida Dept. of State:	
Registered Agent:	Gallets, Eunice	
Registered Office Address:	2825 Sw 22nd Avenue, Ste. 105 Delray Beach, FL 33445	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	InCorp Services, Inc. 17888 67th Court North	
	Loxahatchee ,FL 33470	
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 hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Edward M Borg  Printed or typed name of signee		
I hereby accept the appointment as registered agent a admpty with the provisions of all statutes relative to the highest amplifier with and accept the obligations of methods of the confirmation of the provisions of methods of the confirmation of the limited liability companies the limi		
Signature of Revistered Age 1		
Division of Corporations, P.O. Bo	,	