P05000035106

| (Requ | uestor's Name) | | | |
|----------------------------|-----------------|---|--|--|
| (Addr | ess) | *************************************** | | |
| (Addr | ress) | | | |
| (City/ | State/Zip/Phon | e #) | | |
| PICK-UP | TIAW [| MAIL | | |
| (Busi | ness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to Fi | iling Officer: | | | |
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Office Use Only

R.A. Change

T BROWN DEC 1 2 2005.



National Registered Agents, Inc. 10985 Cody Street Suite 210 Overland Park, KS 66210 800.550.6724 Fax 913.851.0713

National Registered Agents, Inc.

... "NRAI, the best choice for statutory representation"

November 23, 2005

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Linawest, Inc.

Florida Change of Agent

Dear Sir/Madam,

For the purposes of changing the registered agent and registered office of the above captioned Linawest, Inc., enclosed herewith in duplicate, is a Statement of Change of Registered Office or Registered Agent accompanied by our check in the amount of \$35.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed Business Reply Envelope.

Thank you in advance for your cooperation in this matter.

Very truly yours,

Christian Eubanks

Christe Elake

Enclosure - Check

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations | | | | |
|--|---|--|--|--|
| SUBJECT: Linawest, Inc. (Name of corporation) | | | | |
| D0700007400 | | | | |
| DOCUMENT NUMBER: P05000035106 | <u> </u> | | | |
| The enclosed Statement of Change of Registered Off | ice/Agent and fee are submitted for filing. | | | |
| Please return all correspondence concerning this mat | ter to the following: | | | |
| | | | | |
| Christian Eubanks | | | | |
| (Na | me of person) | | | |
| | | | | |
| National Registered Agents, Inc. | of firm/company) | | | |
| (14dine | or marcompany) | | | |
| 10005 Code Chart C. to 010 | | | | |
| 10985 Cody Street, Suite 210 | (Address) | | | |
| | | | | |
| Overland Park, KS 66210 | | | | |
| | ate and zip code) | | | |
| For further information concerning this matter, please | e call: | | | |
| | | | | |
| Christian Eubanks | at (913) 754-0637 | | | |
| (Name of person) | at (913) 754-0637 (Area code & daytime telephone number) | | | |
| Enclosed is a \$35.00 check made payable to the Depa | artment of State. | | | |
| Mailing Address: | Street Address: | | | |
| Amendment Section | Amendment Section | | | |
| Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 | | | |

CR2E045(09/03)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR $\dot{}$ CORPORATIONS

| Pursuant to the | provisions of sections 607.0502, 617 | 7.0502, 607.1508, or 617.1508, Florida Statutes, th | nis statement of |
|--|--|--|---|
| change is submitted for a corporation organized under the laws of the State of Florida | | | in order |
| to change its re | gistered office or registered agent, or | both, in the State of Florida. | |
| 1. The name of | the corporation: Linawest, Inc. | | |
| 2. The principal | office address: 1900 Sunset Harb | our Drive, Apt. 1801, Miami Beach, FL 33139 | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incor | rporation/qualification: 03/07/2005 | Document number: P05000035106 | |
| | d street address of the current registe artment of State: | red agent and registered office on file with the | |
| | Alessia Marelli | | • · |
| | 407 Lincoln Road, 10-B | | |
| | Miami Beach, FL 33139 | | SEI TALL |
| 6. The name an (if changed): | | agent (if changed) and /or registered office | 05 DEC -5 AM 10: 44 SECRETARY OF STATE FALL ANASSEE, FLORIG |
| | NRAI Services, Inc. | | 四月星 |
| | 2731 Executive Park Drive, S | uite 4 | 10: H |
| | (P.O. Box or pe | sonal mailbox NOT acceptable) | GE - |
| | Weston, FL 33331 | - | |
| The street addr | ress of its registered office and the se identical. | treet address of the business office of its register | red agent, as |
| Such change with the board, or the | vas authorized by resolution duly ache corporation has been notified in | lopted by its board of directors or by an officer swriting of the change. | o authorized by |
| | (Signature of an officer of director) | CMRTSOS AND PARSEN, & | res dont |
| | t the appointment as registered age to comply with the provisions of al m familiar with and accept the obli rely to reflect a change in the regist n writing of this change. | nt and agree to act in this capacity. It statutes relative to the proper and complete per gation of my position as registered agent. Or, if ered office address, I hereby confirm that the confirmation that the confirm | rformance of my this document is rporation has |
| If signing on b | ehalf of an entity: | | |
| Chris | stian Ebanku (Typed or Printed Name) | Asst. Secretur | y |
| | (Typed or Printed Name) | (Capacity) | • |

* * * FILING FEE: \$35.00 * * *