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COVER LETTER

D: Ai	mendment Section ivision of Corporations			
SUBJECT	r: Cyrus Limited, Inc. (Name of Cor	poration)		
	(Ivalic of Cor)	poration		
DOCUMI	ENT NUMBER: P07000028228			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please retu	ern all correspondence concerning this matter to	the following:		
Anthony M. Nardella, Jr., Esq.				
	(Name of Conta	ct Person)		
Nardella Chong, P.A. (Firm/Company)				
	(Firm/Com	pany)		
	004 N M			
	234 N. Westmonte Drive, Ste. 300 (Addres			
	(Addies	5)		
	Altamonte Springs, FL 32714			
	(City/State and 2	Zip Code)		
For further	information concerning this matter, please call	:		
Anthony N	л. Nardella, Jr., Esq.	at (407) 786-2700 (Area Code & Daytime Telephone Number)		
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is	s a \$35.00 check made payable to the Departme	ent of State.		
	Mailing Address: Amendment Section	Street Address:		
	Amendment Section Division of Corporations	Amendment Section Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		
		Tallahassee, FL 32301		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ r to change its registered office or registe	ized under the laws of the	State of Florida
1. The name of t	he corporation: Cyrus Limited, Inc.		
2. The principal	office address: 2170 West State Road 4:	34, Suite 496, Longwood,	FL 32779
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: March 5, 2007	Document number:	P07000028228
	street address of the current registered ag	gent and registered office of	on file with the
	Michael A. Barber		07
	826 Contravest Lane		FIL 07 APR 27 SECRETARY SECAHASSI
	Winter Park, FL 32708-6341		
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or regis	OF STATE ORID.
	2170 West State Road 434, Sui	te 496	
	(P.O. Box NOT acceptable) Longwood, FL 32779		
The street addre	ss of its registered office and the street a	address of the business of	ffice of its registered agent,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors ified in writing of the cha	or by an officer so ange.
Signatur	re of an officer or director)	Michael A. Barber	PRESIDENT
	the appointment as registered agent and comply with the provisions of all state I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.		
	~	4/24/67	
	nature of Registered Agent) nalf of an entity:	7 (Date	•)
Michael A. Bar	•		
	/ped or Printed Name)		

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