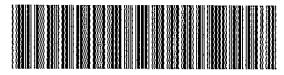


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(F)	SECRETARY OF S SECRETARY OF S Requestor's Name ALL AMASSEE, FL
H)	equestors Name N
(A	ddress)
(A	ddress)
(C	Tity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	dusiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	ALI





12/27/05--01041--003 **275.00

COVER LETTER

TO: Registration Section Division of Corporations	FILED			
SUBJECT: M.H., L.L.C (Name of L.	2005 DEC 27 P 2: 30 imited Liability Company JALLAHASSEE, FLORIDA			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning t	his matter to the following:			
Michael I Bernstein (Name of Person)				
Michael I Bernstein, P.A. (Firm/Company)				
1680 Michigan Ave, Suite 736				
(Address)				
Miami Beach, FL 33139				
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·			
For further information concerning this matte	r, please call:			
Michael I Bernstein	at (305) 672-9544			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
⊈ \$25 Filing Fee	\$55 Filing Fee & Certified Copy			

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.

1. The name of the limited liability company is: M.H., L.L.C				
			2085 DEC 27	
2. The mailing address of	of the limited liability com	pany is: PO Box 180357	\$500	<u> </u>
Brooklyn, NY			SECRETARY TALL AHAGOS	OF STATE
6/11/2001		L01000009783		-, r LURIDA
3. Date of filing/registra	tion in Florida	4. Document nu	mber	:
5. The name of the regist Florida Department of		red office address as shown	on the records o	f the
D open unions of	Michael I Bernstein, I	ESQ		
		Name	 . •	. 3
	8925 SW 148th Street		_ , ,	
	A Miami, FL 33176	ddress		
		tate and Zip	•	
6. The name and address	of the new registered age	•		
	Michael I Bernstein, P	.A.		
		ame	-	• • •
	1680 Michigan Ave, Si	uite 736		
	Florida street address	(P.O. Box NOT acceptable)		
	Miami Beach,	FL 33139		
	City, Sta	ate and Zip	•	14
confirmed that after the and the business office of liability company, it is hof the members of the litor the operating agreement.	change or changes are ma of the registered agent will ereby confirmed that the		s of the registere e of a Florida lin zed by an affirma	d office nited ntive vote
M. SHAWOON				
(Printed or typed name of signe		· · · <u> · · · · · · · · · · · · · ·</u>	* . v.	
I hereby accept the appropriate comply with the provision and I am familiar with a Chapter 608, F.S. Or the address I hereby confirm		ent and agree to act in this of the proper and complete of my position as registered led to merely reflect a change company has been notified	capacity. I furth performance of i I agent as provid ge in the register in writing of this	er agree to ny duties, led for in ed office s change.