L04000065493

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
10 JUN 29 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
DOWNTOWN SHOPS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

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J. BRYAN
JUN 30 2010
EXAMINER

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H10000150973

COVER LETTER

(3)

TO: Registration Section
Division of Corporations

SUBJECT: DOWNTOWN SHOPS, LLC
Name of Limited Liability 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:

OSCAR GRISALES-RACINI
Name of Person

OSCAR GRISALES-RACINI
Firm/Company

2299 N.E. 191st Street, PH-8
Address

AVENTURA, FLORIDA 33180
City/State and Zip Code

OGRGLOBAL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

OSCAR GRISALES-RACINI ESQ at (305) 792-0439
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

INHS18 (5/08)

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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. Name of the limited liability company: DOWNTOWN SHOPS, LLC

2. (a) Principal office address of limited liability company: 2999 N.E. 191st Street

☑ *(Note: MUST BE STREET ADDRESS)* Concorde Centre II, PH-8
Aventura, Florida 33180

(b) Mailing address of limited liability company:

☐ *(Note: MAY BE POST OFFICE BOX)*

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TALLAHASSEE, FLORIDA

9/02/2004 — 3. Date of filing/registration in Florida

L04000065493 — 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: JOSE SAFDIE

Registered Office Address: 19390 Collins Ave. #525
Sunny Isles FL 33160

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: OSCAR GRISALES-RACINI

NEW Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)* 2999 N.E. 191st Street
Concorde Centre II, PH-8
Aventura, FL 33180

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

JOSE SAFDIE
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

INH818 (05/08)

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