## L05000115899

(Requestor's Name)
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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B. BOSTICK

MAY 1 6 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	·
	410 ONE MIAMI, LLC
Name o	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
RAFAEL ALMANZAR	
Name of Person	
ALMANZAR ACCOUNTING SE	ERVICES EX E
Firm/Company	
8580 NW 6TH LANE #10	ERVICES TIMEY 12
MIAMI, FL 33126 City/State and Zip Code	E FLORIDA
accounting@adaag-consultin E-mail address: (to be used for future annual report	Ig.com rt notification)
For further information concerning this ma	atter, please call:
RAFAEL ALMANZAR	at ( 305 ) 285-7373 Ext. 315
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the follow	ring 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.

Name of the limited liability company:	3410 ONE MIAMI, LLC
2. (a) Principal office address of limited liability company	1385 Coral Way PH 403
(Note: MUST BE STREET ADDRESS)	Miami, FL 33145
(b) Mailing address of limited liability company:	1385 Coral Way PH 403
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33145
12/05/2005	L05000115899
	4. Document number
5. (a) Registered Agent and Registered Office shown on	<u>-</u>
Registered Agent:	Ricardo Londono
Registered Office Address:	1385 Coral Way PH 403 Miami, FL 33145
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW Registered Agent</u> :	W Registered Office address: ALMANZAR ACCOUNTING SERVICES
<u> </u>	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8580 NW 6TH LANE #104
THE STATE OF THE S	MIAMI ,FL 33126
If the limited liability company is not organized under the leanning that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	aws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of a member or authorized representative of a member	
Ricardo Londono	
Printed or typed name of signee	a management of the state of th
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my po. Chapter 608, F.S. Or, if this document is being filed to men address! I hereby confirm that the limited liability company	gree to act in this capacity. Littingragree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.

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