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	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
•	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions	s to Filing Officer:			
L. SELLERS				
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EXAMINER



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05/02/08--01041--015 ++25.00

SECRETARY OF STATE
AND ASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations		erated Cour		
SUB	JECT: Mariana Asso	ociates LCC nited Liability Company)			
		, , ,			
Dear	Sir or Madam:				
The	enclosed Registered Agent/Registered Off	ce Change and fee(s) are submitt	ted for filing.		
Pleas	e return all correspondence concerning thi	s matter to the following:	•		
<u> 110</u>	(Name of Person) (Name of Person) (Signa & Associates U) (Firm/Company) (Firm/Company) (Address) (Address) (City/State and Zip Code)	•			
For f	For further information concerning this matter, please call:				
E	(Name of Person)	(786) <u>290855</u> (Area Code & Daytim	e 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 Advess Charge . 18 (8/05)	S55 Filing Fee & Certific	ed 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: \(\tilde{\gamma}\) 2. The mailing address of the limited liability company is: $\frac{1311}{1000}$ Miami, Fl 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: 6. The name and address of the new registered agent and/or office: 77 NW 174th terrace # B10 Florida street address (P.O. Box NOT acceptable) 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) (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