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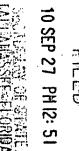
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S. HAWKES

SEP 2 8: 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
·			
SUBJECT: MALACHI INNOVATIVE PROPERTIES LLC Name of Limited Liability Company			
Name of Emmed	Liability Company		
Dear Sir or Madam:	·		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
,			
ANTONIO DONADI Name of Person	· .		
Name of Person			
MALACHI INNOVATIVE PROPERTIES LI	<u>_C</u>		
Firm/Company	•		
2100 PONCE DE LEON BLVD, SUITE 12	03		
Address			
CORAL GABLES, FL 33134			
City/State and Zip Code			
ADONADI@TAMACHGROUP.COM E-mail address: (to be used for future annual report notificatio	n) .		
For further information concerning this matter, please call:			
,,			
ANTONIO DONADI at (305) 443-6056		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327		
Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (5/08)

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:MALACH	I INNOVATIVE PROPERTIE LLC		
2. (a) Principal office address of limited liability company	2600 DOUGLAS RD PH-8		
(Note: MUST BE STREET ADDRESS)	CORAL GABLES, FL 33134		
(b) Mailing address of limited liability company:	2600 DOUGLAS RD PH-8		
(Note: MAY BE POST OFFICE BOX)	CORAL GABLES, FL 33134		
01/30/2008	L08000010615		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of Mate:			
Registered Agent:	CASTELLANO, MARIA		
Registered Office Address:	2600 DOUGLAS RD PH-8 CORAL GABLES, FL 33134		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	ANTONIO DONADI		
NEW Registered Office Address:	2100 PONCE DE LEON BLVD		
(MUST BE FLORIDA STREET ADDRESS)	SUITE #1203		
	CORAL GABLES ,FL33134		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability 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	I a side attack address a Calca magisterial a CC as		
Signature of a member or authorized representative of a member	_		
Printed or typed name of signee	<u>-</u>		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.		

Signature of Registered Agent

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