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(Requestor's Name)		
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PICK-UP WAIT MAIL		
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 1481 NW 3 5T, 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:		
Carlos Alonso	~ ~~~~	
Name of Person		
	•	
Firm/Company		
CO40 NIM 2045 CA		
6910 NW 29th. Ct.	· · · · · · · · · · · · · · · · · · ·	
Addiess		
Margate,FL. 33063		
City/State and Zip Code		
camvraionso@bellsouth.net		
Camyralonso@bellsouth.net E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Carlos Alonso at (954) 326-6977	
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	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
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 LEMITED 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:	NW 3 ST. LLC.	
2. (a) Principal office address of limited liability company	y: 6910 NW 29th. Ct.	
(Note: MUST BE STREET ADDRESS)	Margate,FL 33063	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same as above	
SEPT. 16.2008	108000088107	
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 State:	
Registered Agent:	The Law Offices Of Nick Spradlin PLLC.	
Registered Office Address:	12000 N. Dale Mabry Highway#110 Tampa,FL.33618	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW</u> Registered Agent: <u>Carlos Alonso</u>		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6910 NW 29th. Ct.	
	Margate ,FL33063	
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		
Myriam Alonso Printed or typed name of signee	<u>-</u>	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited fability company	gree to act in this capacity. I further agree 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.	
Signature of Registered Agent		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		