

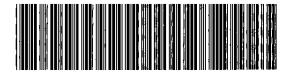
(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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G. MCLEOD

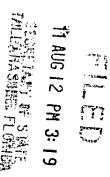
AUG 15 2011

EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: JAM AT Venetia Name of Limite	n I, LLC		
Name of Limite	d 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 n	natter to the following:		
MARIA E. BARRETO Name of Person			
Name of Person			
Clo GRS MANAGEMENT, INC			
, sompan,			
8/8/ N.W 154 STREET	- Suite 270		
Address			
Miamilanes # 3201	// _		
MIAMI LAKES, Fl 3301 City/State and Zip Code			
BAPPETOMINI A AND	281		
E-mail address: (to be used for future annual report notification	on)		
For further information concerning this matter, please call:			
MARIA E. BARRETO at (786) 286-9991		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	i unamassee, i forma 32317		
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 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:AM_A	T Venetian I, LLC
2. (a) Principal office address of limited liability compan	y: <u>Clo GRS MANAGEMENT, I</u> nc
(Note: MUST BE STREET ADDRESS)	8181 N.W 154 ST - Suite 270 MIAMI LAKES, FI 33016
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	SAME AS Above
761/11	L 11000084181
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:	MARIA E. BARRETO
Registered Office Address:	8/41 NW 155 ST - Suite 270 Clogis Management FAC MIANI LAKES, FI 33016
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	MARIA E. BARRETO
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	C/O GRS MANAGEMENT, INC 8181 NW 154 ST - SUITE 270 MIAMI LAKES FL 33016
If the limited liability company is not organized under the l confirmed 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 Signature of a member or authorized representative of a member MACIA E. BARLETO Printed or typed name of signee I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the province of land I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company Signature of Registered Agent	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