

PO60000 4/4/7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

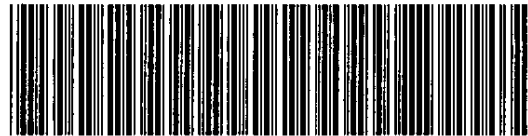
(Business Entity Name)

(Document Number)

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APPROVED  
AND  
FILED  
10 JUN 16 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PO 10/17/10

*Carla M. Barrow, Esq.  
2434 SW 19<sup>th</sup> Terrace  
Miami, FL 33145*

June 11, 2010

Florida Division of Corporations  
Amendment Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Sir or Madam:

Enclosed please find check #1450 for \$70.00 to effect a change of address only for two (2) Florida entities: a) Michelle Import/Export, LLC, and b) One Miami No. 1923 Corporation.

If you have any questions regarding this matter, please contact me at (305) 502-7747.  
Thank you.

Very truly yours,

  
Carla M. Barrow

Enclosures

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: One Miami No. 1923 Corp  
Name of Corporation

DOCUMENT NUMBER: P06000041417

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carla M. Barron, Esq.  
Name of Contact Person

Lydecker Diaz et al  
Firm/Company

1201 Brickell Ave., Suite 500  
Address

Miami FL 33131  
City/State and Zip Code

cmb  
Lydeckerdiaz.com / carlabarron  
E-mail address: (to be used for future annual report notification) ebarronlegal.com

For further information concerning this matter, please call:

Carla M Barron at ( 305 ) 416.3180 / 305-502.7747  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: One Miami No. 1923 Corp.
2. The principal office address: 2830 SW 22d Avenue
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/21/06 Document number: PO6000041417
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Carla m Barron Esq.  
2525 Ponce de Leon Blvd, Suite 700  
Miami FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Carla m Barron Esq.  
1201 Brickell Avenue, Suite 500  
P.O. Box NOT acceptable  
Miami FL 33131

10 JUN 15 PM 2:54  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Elisa Garcia / onb  
Signature of an officer or director

Elisa Garcia  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Carla m Barron  
Signature of Registered Agent

6/9/2010  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314