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SECTIONARY OF STATE SECTION ASSET FLORIDA

M. THOMAS

NOV 1 7 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Urban Deve (Name of L	clopment Group, LLC imited Liability Company)	_
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Alberto Milo Gr. (Name of Papon) The Urban Development	Group, LLC	SECHEVASSEE FLORID SECHEVASSEE FLORID
(Firm/Company) 1779 S.W. 3 Cd (Address)	treme	ORIDA ORIDA
Miami FL 33 (City/State and Zip Code)	129	
For further information concerning this matter, p (Name of Person) At the second sec	(Area Code & Daytime 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 an	mount:	
\$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 in the State of Florida.	change its registered office or registered agent, or both,
1. Name of the limited liability company: The	Irban Development Group, LLC
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany: 1779 SW 3ª Areme Miami, FL 33129
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1779 Sw 3rd Avenue Migmi, FC 33/29
1-9-02	4. Document number on the records of the Florida Dept. of State: Aber to Mio, 4r. 1801 Sw 3rd Are
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:	Alberto Milo, gr.
Registered Office Address:	18015W3rd Are 35129 Miami, F1 33129
(b) Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1779 S.W. 3 ^{Cd} Arc Miami ,FL 33129
that after the change or changes are made, the Florida office of the registered agent will be identical. Or, in t	zed by an affirmative vote of the members of the limited
Maria C. Milo' (Printed or typed name of signee)	<u>. </u>
(1 West 19 No.)	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, and I ition as registered agent as provided for in Chapter 608, ct a change in the registered office address, I hereby tified in writing of this change.
(Signature of Registered Agent) Division of Corporations P.O.	Box 6327, Tallahassee, FL 32314
/ Division of Corporations, F.O.	Dur uje / , Tahahassee , Pl. jeji4

FILING FEE: \$25.00