## L12000110855

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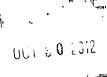
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EXAMINER

## **COVER LETTER**

	egistration Section ivision of Corporations						
		Daia	av. 11.0				
SUBJEC	· · · · · · · · · · · · · · · · · · ·		ey, LLC				
	Name of Lim	nea 1	лавину Со	ompany			
Dear Sir	or Madam:						
The encl	osed Registered Agent/Registered Offic	ce Ch	ange and fo	ee(s) are submitted fo	r filing.		
Please re	turn all correspondence concerning this	s mati	er to the fo	ollowing:			
	Eric S. Kane, Esq.						
	Name of Person		_				
	Eric S. Kane, PL						
	Firm/Company						
	20900 N.E. 30th Avenue, Suite 40	3					
	Address						
						# 1988 6-1-7	
	Aventura, Florida 33180				777 (m) 784 (189	400	4/4/
	City/State and Zip Code						14.2424
						29	Ţ.,
	eric@kanelawpl.com il address: (to be used for future annual report notifi				úrc)		( F
E-ma	il address: (to be used for future annual report notifi	cation)			ري دري لکتے	⊒K	*************
For furth	er information concerning this matter,	pleas	e call:		TATE	FK 1: 16	
		t (	305)	937-7280			
	Name of Person		Area Co	ode & Daytime Telephone N	umber		
S	TREET/COURIER ADDRÉSS:		MAII IN	G ADDRESS:			
	egistration Section			on Section			
	ivision of Corporations			of Corporations			
C	lifton Building		P.O. Box				
	661 Executive Center Circle allahassee, Florida 32301		Tallahasse	ee, Florida 32314			
	nclosed is a check for the following a	amou	nt:				
Г	\$25 Filing Fee	Γ	□ \$55 Fili	ng Fee & Certified Co	opv		

## 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.

Name of the limited liability company:	Daisey, LLC
2. (a) Principal office address of limited liability compa	ny:
(Note: MUST BE STREET ADDRESS)	360 Arvida Parkway Coral Gables, Florida 33156
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	360 Arvida Parkway Coral Gables, Florida 33156
August 28, 2012	L12000110855
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	Eric S. Kane, PL
Registered Office Address:	20900 N.E. 30th Avenue Suite 403
	Aventura, Florida 33180
(b) Enter name of NEW Registered Agent and/or NI	EW Registered Office address
NEW Registered Agent:	L. James Teper, Trustee
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	360 Arvida Parkway Coral Gables FL33156
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company or the operating agreement of the limited liability company.  Signature of a member of authorized representative of a member  L. James Teper, Trustee  Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with a m	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization ny.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00