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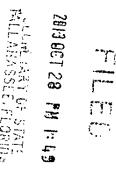
(Requestor's Name)		
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Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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COVER LETTER

Division of Corporations	
SUBJECT: 1075 NE 79 ¹¹ Name of Limited	SHEEL LLC I Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
MR. WICOLOS Brochone Name of Person	ED 3
1075 NE 79th Street UC Firm/Company	the state of the s
270 NE 61 5+ Street . Address	SE SAID
MIGMI FA 33137 City/State and Zip Code	
MBNCharie Danail. Com E-mail address: (to be used for future annual report notification	<u>n)</u>
For further information concerning this matter, plea	se call:
MR. Willows Bracherie at (1) Name of Person	305) 753. 1119 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 amo	ount:
□ \$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:	NE 79th Street, LLC
2. (a) Principal office address of limited liability compared (Note: MUST BE STREET ADDRESS)	ny: <u>270 M. lo1st Sticet</u>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	DAD VE COIST Street
12.110. 2007	1707/XXXXX79/70 23 11
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	
Registered Agent:	Allan Kolhin CPA, BA
Registered Office Address:	1717 N. Bayshove DR 501He 116 MOMIL ET 33132
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW Registered Agent</u> :	EW Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	270 M. 10154 Street
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 (the members of the limited liability company or as others the operating agreement of the limited liability company. Signature of a member or authorized representative of a member MICULAS Brankovie Printed or typed name of signee	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compa	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.

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

Signature of Registered Agent