

NOV-14-2013 10:04 FAX P. 01  
Division of Corporations Page 1 of 1  
**L08000066221**

Florida Department of State  
Division of Corporations  
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**LLC REGISTERED AGENT CHANGE  
1651 ASTOR LLC**

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# 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: 1651 ASTOR LLC

2. (a) Principal office address of limited liability company: VIA CANTOALE  
(Note: **MUST BE STREET ADDRESS**) 6934 BIOGGIO, SWITZERLAND

(b) Mailing address of limited liability company: C/O BRIAN L. BAKER CPA, P.A.  
(Note: **MAY BE POST OFFICE BOX**) 2665 S. BAYSHORE DR., SUITE 220  
MIAMI, FLORIDA 33133

July 9, 2008

3. Date of filing/registration in Florida

L08000066221

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

PAUL R. WALLACE, ESQ.

Registered Office Address:

C/O HINSHAW & CULBERTSON LLP  
2525 PONCE DE LEON, FOURTH FLOOR  
CORAL GABLES, FL 33134

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

BARRY D. LAPIDES

**NEW** Registered Office Address:  
(**MUST BE FLORIDA STREET ADDRESS**)

C/O BERGER SINGERMANN LLP  
1450 BRICKELL AVENUE, SUITE 1900  
MIAMI, FL 33131

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/S/ Ricardo Quadroni

Signature of a member or authorized representative of a member

Ricardo Quadroni

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/S/ Barry D. Lapides

Signature of Registered Agent

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