# 00000726 Division of Corporation Florida Department of State

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## REGISTERED AGENT CHANGE

#### BISCAYNE BEACH 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. The name of the limit	ed liability company	is: Biscayne B	each LLC	
2. The mailing address of	of the limited liability	y company is :	Squire, Sanders &	Dempsey L.L.P
200 South Biscayne Boulevare	d, Miami, FL 33131		· .	
06/20/2000			L00000007204	
3. Date of filing/registra	tion in Florida		4. Document	t number
5. The name of the regist Florida Department of	ered agent and the re	egistered offic	e address as sho	own on the records of the
· <b>F</b> · · · ·	Pennisula Registered	Agents Inc.		
•		Name		<del>-</del>
	200 S. Biscayne Blvd.	, 43rd Floor		
		Address		<del></del>
	Miami, FL 33131			
•	С	ity, State and	Zip	
6. The name and address	of the new registere	d agent and/or	office:	2000 MAY 13 SECRETARY TALLAHASSI
	C.L	Corporation Sys	tem	AR P
	Name AST 1			
	1200 South Pine Island Road			_ SEA
	Florida street add	ress (P.O. Box	NOT acceptab	<del>-</del> 71
	Plantation	FL	33324	8: 2 STAT LOR
	Cit	y, State and Zi	p	Dri J
and the business office of liability company, it is he of the members of the liu or the operating agreeme (Signature of a member or mutho (Printed or typed name of signess of the provision and I am familiar with an Chapter 608, F.S. Or if address, I hereby confirm	change or changes are fithe registered agenereby confirmed that mited liability compart of the limited liability compart of the limited liability comparts of all statutes related accept the obligation that the limited liability that the limited liability and accept the obligation of the limited liability and accept the limited liability acceptance of the liability acceptance of the limited liability acceptance of the liabil	e made, the Fl t will be idente the change(s) any or as other ility company ember)	orida street addi cal. Or, in the o was/were autho wise provided i	ress of the registered office
By: Varlana Till	poration System	8	arbara A. Burke Il Assistant Secreter	

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

INH\$18 (8/05)