10000000956

(Re	equestor's Name)	
(Ac	idress)	
	·	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
		•
		11/18/
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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 limite	ed liability company is:	LBTP Inve	estments, LLC			
2. The mailing address of				Drive,		
Miami Beach, Florida						
08/09/2000			L00000009556			
3. Date of filing/registration in Florida			4. Document number			-
5. The name of the register Florida Department of		stered office a	ddress as shown on th	ne records	s of th	e
Florida Department of	Roland Sanchez-M	ledina Jr.				
	The Colonnade, 23	Name 333 Ponce d	e Leon Bivd.	ACC. A	03 Nov	
	Coral Gables, Flori			3.27) I A0	Thinks
		, State and Zig		<u>[</u>]) P#	j Fer
6. The name and address	of the new registered a	gent and/or o	ffice:	<u>. </u>	<u>⊐</u> ਵ ယ့	; : <u> </u>
	Juan Carlos Pava			9	92 #	
	2422 Fisher Island	Name Drive		>	0,	•
	Florida street address	s (P.O. Box N	OT acceptable)			
	Miami Beach,	_{FL} 33109)			
	City, S	State and Zip	- -	•		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limited the operating extreement of the limited that the district of the limited that the limited the limited that t	npany is not organized hange or changes are me fithe registered agent with the red in the red liability company or of the limited liability contact the red liability contact the limited liability contact representative of a member of a member of the limited liability contact representative of a member of	nade, the Flor ill be identica e change(s) w as otherwise company.	es of the State of Flori ida street address of the case of a l. Or, in the case of a as/were authorized by provided in the article	da, it is h he registe i Florida I an affirn es of orga	ereby red of imited native nization	fice I vote of on or
Juan Carlos Pava	•	·				
(Printed or typed name of signee)	_	ं इंड			
I hereby accept the appo comply with the provision and I am familiar/with an Chapter 608, F.S. Gr. if address, I hereby confirm	intment as registered a ns of all statutes relativ nd accept the obligation this document is being n that the limited liabili	igent and agre ve to the prope ns of my posit filed to merel ty company h	ee to act in this capac er and complete perfo ion as registered age ly reflect a change in as been notified in wr	ity. I furt rmance of nt as prov the regist iting of th	ther ag if my d rided f ered c his ch	gree to luties, or in office ange.

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

INHS18(10/99)

ered Agent)