

L000000010543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

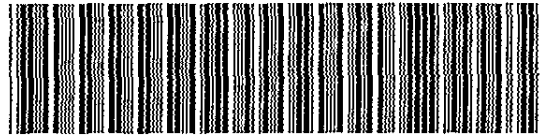
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

12/13 R/A change

L-10543

Office Use Only



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02 DEC 13 AM 9:49
FBI - CANADA

COHEN | FOX P.A.

ATTORNEYS AT LAW

Miami Center • Suite 850
201 South Biscayne Boulevard, Miami, Florida 33131-4332

Telephone (305) 702-3000 / Fax (305) 702-3030

E-Mail: prevail@CohenFox.com

December 10, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Change of Address for Registered Office and Registered Agent

To Whom It May Concern:

Enclosed please find a Statement of Change of Registered Office etc. and check for \$25.00 for 820, L.L.C., and a Statement of Change of Registered Office etc. and check in the amount of \$25.00 for 415, L.L.C.

Please acknowledge your receipt of these statements.

Thank you for your assistance.

Sincerely,

COHEN|FOX P.A.



Diane Nichols
Legal Assistant

Enclosures

**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 limited liability company is: 415, L.L.C.

2. The mailing address of the limited liability company is : 19416 N.E. 17th Avenue,

Miami

FL

33179

8/31/2000

L00000010543

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Rossz Fiu Corporation

Name

200 So. Biscayne Blvd., 20th Floor

Address

Miami, FL 33131

City, State and Zip

6. The name and address of the new registered agent and/or office:

Rossz Fiu Corporation

Name

201 So. Biscayne Blvd., Suite 850

Florida street address (P.O. Box NOT acceptable)

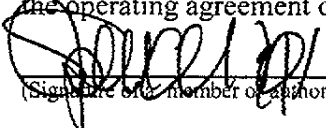
Miami

FL

33131

City, State and Zip

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.


(Signature of a member or authorized representative of a member)

SPENCER FOX

(Printed or typed name of signee)

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.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA