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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Division o	on Section of Corporations				
17.	851 NW 78th Avenue, L.	1.0			
SUBJECT:		mited Liability Company)			
		,			
The enclosed Artic	les of Amendment and fee(s) are su	bmitted for filing.			
Please return all co	rrespondence concerning this matte	r to the following:			
	Ronald	G. Klein, Esq.			
	((Name of Person)			
	Law Offices	\.			
		(Firm/Company)			
	4340 Sheri	4340 Sheridan Street, Suite 102			
		(Address)			
	Hollywood,	Florida 33021			
	(City/State and Zip Code)				
For further informa	ation concerning this matter, please	call:			
	Ronald G. Klein	at (_954) 986-	8822		
	(Name of Person)	(Area Code & Daytim	e Telephone Number)		
Enclosed is a check f	for the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	MAILING ADDRESS:	STREET/COURI			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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	d liability compa	iny is: 1785	1 NW 78th Avenue, LLC		
2. The mailing address of	the limited liabi	lity compan	y is : 17851 NW 78th A	venue, Hialeah,	
Florida 33015					
04/06/2001			L01000005355		
3. Date of filing/registration in Florida		_	4. Document number		
5. The name of the register Florida Department of S	red agent and the	e registered	office address as shown o	n the records of the	
	Fernando A. Perez			.700	
Name				AEC 6	
	5015 SW 195			6 NOV 30 SECREJAK TALLAHASS	
		Addre	SS	EAST E	
	Davie, Florida			30 AM ARK GIR ASSEE,	
		City, State	and Zip	SEE,	
6. The name and address of	f the new registe	ered agent a	nd/or office:	9: 57 STATE FLORIC	
Reinaldo F. Perez					
		Name			
· -	<u>17040 SW 48</u>	th Street			
	Florida street a	ddress (P.O.	Box NOT acceptable)		
	Davie,	FL	33331 .		
•	(City, State an	nd Zip		
If the limited liability com	pany is not orga	nized under	the laws of the State of F	lorida, 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)

(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 FILING FEE: \$25.00