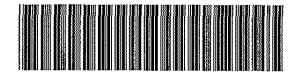
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(Re	questor's N	ame)	
Zirlin & R Property 8950 S.W —— Miami, Fl	Tax Ad V. 197 S	visors St <b>re</b> et	, PL
(Cit)	//State/Zip/F	Phone #)	
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED 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 limited liability company is:	Tin & Kounsaville	Property Tax Advisors, t.
2. The mailing address of the limited liability company	y is: <b>8950 SW</b>	19757.
	Miami, Fz.	33157
alada		
<u> \$101701</u>	4010000	12897
3. Date of filing/registration in Florida	4. Document m	umber
5. The name of the registered agent and the registered of Florida Department of State:  David Royce Ro	office address as shown	on the records of the
· Nam	e	<del></del>
901 NE Z. Are	"1200	<del></del>
Addre Miami FZ City, State:	SS	PO2 NOT SECRET
6. The name and address of the new registered agent ar	nd/or office:	ASS - F
Name  8950 Sw 197  Florida street address (P.O.	ounsaville ST	3 M 9 59 FOF STATE EE, FLORIDA
Miami, FL. City, State ar	<i>331,57</i> nd Zip	<u>_,</u> , _ , _ , _ , _ , _ , _ , _ , _ , _
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be it liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company (Signature of a member of authorized representative of a member)	ne Florida street address	s of the registered office e of a Florida limited
Alan Lirbin		,
(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 decument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited tiability company has been notified in writing of this change.

(Signature of Degistered Agent)

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

FILING FEE: \$25.00

INHS18(10/99)