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(Requestor's Name)	
(Address)	بنيان بدف الكراد المساقاة ما المبارك المارينة سنة سنة سنت الكراد المستخفف
(Address)	300016804193
· (City/State/Zip/Phone #)	
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(Business Entity Name)	3000168041S
(Document Number)	
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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 inhited 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: MOTEK GARDEN ARTS NUCLATE  [ALLAHASSEE, FLORIDA  2. The mailing address of the limited liability company is: 19101 METIC PT DR	
2. The mailing address of the limited liability company is: 19101 MYSTIC PT DR	
•	
8/06/2001L0/0000/29873. Date of filing/registration in Florida4. 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:	
SPIEGEL + UTRERA, P.A.	
SPIEGEL + UTRERA, P.A.  Name of St 4th Floor  Address	
MIAMI, FL 33145 City, State and Zip	
6. The name and address of the new registered agent and/or office:	
HILLEL BROWSTEIN	
1755 NE 164th St, OFFICE	
Florida street address (P.O. Box NOT acceptable)	
N. MIWMI BEACH, FL 33162  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 at recludat 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 Chaptey 108 F.S. Or, if this document is being filled to merely reflect a change in the registered office address, however, and 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

INHS18(10/99)

**FILING FEE: \$25.00**