202000003684

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J. BRWAN OCT 1 2 2004

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 limi				 .
2. The mailing address	of the limited liabili	ty company is:	10800 Biscayne	Boulevard, Suite 630
Miami, Florida 33161		. <u>.</u> <u>-</u> - ŀ		
2/14/2002			L02000003684	ļ
3. Date of filing/registra	ation in Florida	_* .	4. Document nun	aber
5. The name of the regis Florida Department o	f State:	_	e address as shown o	on the records of the
	Yara De Abreu			· • .
	11077 Biscayne		ourth Floor	ž.
	Miami, Florida			200
	_	City, State and 2	•	Et 8 m
6. The name and address	s of the new register	ed agent and/or	office:	至二十
	Yara De Abreu	. * **	·	OCT 11 PA
	10800 Biscayne	Name Boulevard, S	Suite 630	2004 OCT 11 PM 1: 33 2004 OCT 11 PM 1: 33 2014 ALLAHASSEE, FLORID
	Florida street add	dress (P.O. Box	NOT acceptable)	ORIDO 33
	Miami,	FL_331	61	75
	Cì	ty, State and Zi	p	·
the operating agreement	change or changes as the registered ager eroby confirmed that ted/liability company of the limited liability.	re made, the Float will be idention the change(s) or as otherwisely company.	orida street address o	lorida, it is hereby of the registered office of a Florida limited I by an affirmative vote ticles of organization or
(Signature of a member or putho	rized representative of a m	nember)	•	
Yara De Abreu	<u> </u>	.s	,	
(Printed or typed name of eigne	**		a de la competa	
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	ointment as registere his of all statutes rel na accept the obliga this document is be n that the limited lia			pacity. I further agree to property auties of my duties gent as provided for in in the registered office writing of this change.
(Signature of Registered Agont)			en e	
Divisi	ion of Corporations	s, P.O. Box 632	7, Tallahassee, FL	32314
NHS18(10/99)	// FI	LING FEE: \$2	25.00	•