1020000/0097

•	questor's Name)	
51 S\	as Bilbao W 11th street # ii, FL 33130	7734
(Add	fress)	NENEL RES ultanes and the second seco
(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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W2-10097 QL

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 limit	ed liability comp	any is: _mbilbao	LLC	
2. The mailing address of Miami, FL 33130				Suite #734
April 26th, 2002			L02000010097	
3. Date of filing/registration in Florida		_	4. Document numb	er
5. The name of the regist Florida Department of	ered agent and th State: Matias Bilbac)	address as shown on	the records of the
	7311 SW 111	Name th Street Apt 5		
	Miami, FL 33			
		City, State and Z	•	
6. The name and address	of the new regist	ered agent and/or	office:	
	Matias Bilbac)		
	51 SW 11th s	Name street #734		
	Florida street	address (P.O. Box	NOT acceptable)	
	Miami	FI 3313	0	
	+	City, State and Zip	<u> </u>	in the man
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of	hange or changes the registered ag reby confirmed the	s are made, the Flo gent will be identic hat the change(s) v	rida street address of al. Or, in the case of was/were authorized h	the registered office a Florida limited ov an affirmative vote of
(Signature/of a member or author	ized rentesentative of	a member)		
	ensez			
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or if address, I hereby confirm	intment as registe is of all statutes r d accept the obli- this document is that the limited	elative to the prop gations of my posi being filed to mere liability company i	ree to act in this capa per and complete perf tion as registered age ly reflect a change in has been notified in w	city. I further agree to ormance of my duties, int as provided for in the registered office riting of this change.
(Signature of Registered Agent)	arrive			

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

NHS18(10/99) FILING FEE: \$25.00