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COLONIAL CLAY, LLC 848 Brickell Key Drive # 1702 Miami, Florida 33131 www.colonialclay.com						
(City/State/Zip/Phone #)						
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SECHELASSEE, FLORIDA

BOU

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 com	npany is: COLONIA	AL CLAY LLC		
2. The mailing address o	-		6303 BLUE LAG	OON DRIVE,	
SUITE 360, MIAMI, FI					
May 20, 2002			L02000012229		
3. Date of filing/registrat	g/registration in Florida 4. Document no		4. Document nun	nber	
5. The name of the regist Florida Department of		•	address as shown o	on the records of the	
	6303 BLUE	Name LAGOON DRIVE,	SUITE 360		
MIAMI, FL 331				SEC:	
		City, State and Z	_	哥門	
6. The name and address	of the new reg	istered agent and/or o	office:	11.ED	
	NICOLAS RUISECO			三 三	
	848 BRICKELL KEY DRIVE, SUITE 1702			FILED MIL-9 AM II: 49 LAHASSEE, FLORIDA	
	Florida street address (P.O. Box NOT acceptable)			D'	
	MIAMI	_{FL} 3313	1		
		City, State and Zip			
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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 agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

NICOLAS RUISECO, MGRM

(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 pereby 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