L02000019347

(F	Requestor's Name)
· (A	Address)
(F	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(Ľ	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:



500162131965

12/17/09--01012--022 **160.00

FILED 2009 DEC 17 PM 12: 04 SECRETARY OF STATE

DEC 21 2009

A. LUNT

EXAMINER

Office Use Only

CF 25,00

LŲIS A. FORS

Attorney at Law

December 14, 2009

Bureau of Corporate Records **Division of Corporations** Department of State P.O. Box 6327 Tallahassee, FL 32301

RE: DORAN-KENDALL, LLC

#L02000019347

Dear Sir or Madam:

Enclosed please find the following:

1.	Statement of change of registered agent	\$25.00
2.	Resignation of member	\$25.00
3.	Resignation of registered agent	\$85.00
4	Articles of Amendment to Articles of Organization	\$25.00

Also enclosed is my firm's trust account check payable to the Florida Department of State in the total amount of \$160.00.

Thank you for your attention.

LAF:ml

UIS A\ FOR

Enclosures 11890 S.W. 8th Street, Penthouse 6 Miami, Florida 33184 305-559-1948

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.

Name of the limited liability company:	DORAN-KENDALL, LLC	
2. (a) Principal office address of limited liability compan	y: 11801 SW 90th Street	
(<u>Note: MUST BE STREET ADDRESS</u>)	Suite 101 Miami, Florida 33186	
(b) Mailing address of limited liability company:	11801 SW 90th Street, Suite 101	
(Note: MAY BE POST OFFICE BOX)	Miami, Florida 33186	
07/30/2002	L02000019347	
3. Date of filing/registration in Florida	4. Document number $\frac{7}{20}$	
5. (a) Registered Agent and Registered Office shown on		
Registered Agent:	Rosana Stanziola	
Registered Office Address:	11801 SW 90th Street Suite 101 Miami, Florida 33186	
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:	
<u>NEW</u> Registered Agent:	Felix Stanziola	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11801 SW 90th Street, Suite 101	
(Mes. DE LEGRIDITE INDEXESS)	Miami ,FI.33186	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	Torida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization	
Signature of a meluber of authorized representative of a member		
Felix Stanziola Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my particular to the first document is being filed to me address. I hareby confirm that the limited liability company of the statute o	igree to act in this capacity. I further agree to oper and complete performance of my duties, estion as registered agent as provided for in erely reflect a change in the registered office y has been notified in writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)