02-20453 M



Wendolyn Rivera wrivera@concepcionrojas.com

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September 26, 2002

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

Sy & Co., LLC

Our File No. 10120.001

2314

Dear Sir/Madame:

RE:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both For Limited Liability Company form with a check for \$25.00. Please use the self addressed stamped envelope to return to us a certified copy date stamped original for our files.

Thank you in advance for you assistance. Please do not hesitate to contact the if you have any questions.

Sincerely,

Wendolyn Rivera

Enclosures

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.

INHS18(10/99)	FILING FEE: \$2	25.00	
Divi	sion of Corporations, P.O. Box 632	•	
(Signature of Registered Agen	nt)	- · · · <u></u>	*
I nereby Accept the app comply with the provisi and Vam familiar with Chapter 608, F.S. Or, address, I hereby confi	pointment as registered agent and ag ions of all statutes relative to the pro and accept the obligations of my pos if this document is being filed to mer rm that the limited liability company	ree to act in this capacity. I j per and complete performanc ition as registered agent as pi ely reflect a change in the res has been notified in writing c	further agree to e of my duties, rovided for in sistered office if this change.
(Printed or typed name of sign	· ·	• · · · · · · · · · · · · · · · · ·	
(Signature of a member or aut	thorized representative of a member)	••	*F
Jose A	. Santos, Jr.	· · · · · · · · · · · · · · · · · · ·	
and the business office liability company, it is the members of the lim	company is not organized under the late change or changes are made, the Floor of the registered agent will be identified hereby confirmed that the change(s) nited liability company or as otherwish of the limited liability company.	orida street address of the regical. Or, in the case of a Florid was/were authorized by an af	istered office da limited
	City, State and Zi	•	
	Miami, FL33134		:~
	Florida street address (P.O. Box	(NOT acceptable)	
	220 Alhambra Circle, S		A
	Name	<u> </u>	9: 56 STATE JOHNA
	Jose A. Santos, Ji		
6. The name and addre	ess of the new registered agent and/or	•	
	Miami, FL 3313- City, State and	4. Zip	新 罗
	220 Alhambra Circle, S Address		O2 SEP 30 SECHETAGY TALLAHASSE
		vita 250	
	Carlos F. Concepc Name	ion	
5. The name of the reg Florida Department	gistered agent and the registered office of State:	e address as shown on the rec	ords of the
3. Date of filing/regis	stration in Florida	4. Document number	
08/09/		to2000	20453
Miam	i, Florida 33131		· · · · · · · · · · · · · · · · · · ·
2. The mailing address	ss of the limited liability company is	: 1111 Brickell Bay Drive	, No. 2511
1. The name of the lin	mited liability company is:		
_	state by 1 to rtual.	Sy & Co., LLC	