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Manager Maria Commission

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	ECT: LATOUR & ABAD ASSOCI	IATES, LLC ited Liability Company)
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
	Nicolás J. Gutiérrez, Jr., Esq. (Name of Person)	·
	Borgognoni & Gutierrez, LLC (Firm/Company)	
	2665 S. Bayshore Drive, Suite	701
	Miami, FL 33133 (City/State and Zip Code)	
For fur	ther information concerning this matter, p	please call:
Nicolá	ás J. Gutiérrez, Jr., Esq. at (Name of Person)	(305) 860-2060 (Area Code & Daytime Telephone Number)
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 mount: \$\Begin{array}{c} \text{S55 Filing Fee & Certified Copy} \end{array}\$
	Enclosed is a check for the following a	mount:
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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 limited liability company is: LATOUR & ABAD ASSOCIATES, LLC						
2. The mailing address of the limited liability company is : 13482 S.W. 131 Street						
Miami, FL 33186						
September 23, 2002		L02000024832				
3. Date of filing/registrat	ion in Florida	4. Document number				
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:						
•	Nicolás J. Gu	utiérrez, Jr., Esq.				
		Name				
1101 Brickell Avenue, Suite 1400 Address						
	Miami, I	FL 33131				
	City, S	tate and Zip	FILI JUL 25 JRETAK AHASS			
6. The name and address of	of the new registered age	ent and/or office:	FILED L 25 PM L AKT Ur HASSEE, I			
	Nicolás J. Guti	érrez, Jr., Esq.	FILED 06 JUL 25 PH 12: 20 SECRLIANT UF STATE FALLAHASSEE, FLORID			
		ame a Drive, Suite 701	ATE ORID			
Florida street address (P.O. Box NOT acceptable)						
Miami, FL 33133						
City, State and Zip						
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)						
Nicolás J. Gutiérrez, Jr.						
(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 hereby confirm that the limited hability 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