102 000027835

(C	DEVELOPMENT GROUP 2701 SW Third Ave Miami, Florida 331	29
	WAIT	·
(B	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer;	
		MAR
	Office Use Only	, Char



500024152925

10/31/03--01029--011 **25.00

03 00T 31 MM 9:51

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR ROTH FOR LYMITED LIABILITY COMPANY

BOTH FOR LIMITED LIABILITY COMPANY				
Pursuant to the provisio liability company submit agent, or both, in the Stat	s the following statement	or 608.508, Florida Statute t in order to change its reg	es, the undersigned limited istered office or registered	
1. The name of the limite	xd liability company is: 🤇	Sateway To The Gro	ve, L.L.C.	
2. The mailing address of	f the limited liability com	pany is: 2701 SW Thin	rd Avenue	
Miami, FL 33129	· · · · · · · · · · · · · · · · · · ·	· 	·	
October 21, 2002	v4-1 - ·	L020000278	35	
3. Date of filing/registrat	ion in Florida	4. Document nur	mber	
5. The name of the register Florida Department of		red office address as shown	on the records of the	
	Francisco J. Ort	tega. Vame	•	
	5900 SW 73 Stree		No.	
		idress	E7 8	
	Miami, FL 33143			
	City, St	ate and Zip		
6. The name and address of				
Peter	A. Torres C/O A:	stor Development Greene Greene P.O. Box NOT acceptable)	roup, LLC	
	Na:	me	5	
	Z/UI SW Third A	venue	Ę. –	
	Florida street address (E	P.O. Box NOT acceptable)		
	Miami I	ग_ 33129	y makes also	
	City, State	e and Zip		
confirmed that after the ch and the business office of t liability company, it is here	ange or changes are made the registered agent will be by confirmed that the chall liability company or as c	ler the laws of the State of Fe, the Florida street address of the identical. Or, in the case of ange(s) was/were authorized therwise provided in the articiany.	of the registered office of a Florida limited I by an affirmative vote of	
Signature of a member or authoriz	ed representative of a member)			
•				
Peter A. Torres	<u> </u>	<u> </u>		
(Printed or typed name of signee)				
I hereby accept the appoin comply with the provisions and I am familiar with and hapter 608, F.S. Or, if the address, I hereby confirm t	tment as registered agent of all statutes relative to accept the obligations of is document is being filed hat the limited liability co	t and agree to act in this cap the proper and complete pe my position as registered as to merely reflect a change i mpany has been notified in	vacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	

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

(Signature of Registered Agent)