L02000032484

•		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



200014554662

13 MAR 25 AM 10:52

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	to change its registered office or registered	
1. The name of the limited liability company is: Vict	paa Con Estates L	
2. The mailing address of the limited liability company is:	2550 South Dayshar	
Dire, Miami, Holic	la 33/33	
Dec. 5 2002 3. Date of filing/registration in Florida	L02000032484	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered office Florida Department of State: **Robert Flave!!, Name**		
100 N. Biscar Address Miani, FL City, State and Z	Esg. ene <u>Blvd</u> , Ste. 2800 33132	
6. The name and address of the new registered agent and/or	<u></u>	
Lazaro R. Nau 2550 S. Pay Sh Florida street address (P.O. Box	NOT acceptable)	
Mianu FL City, State and Zip	33/33 52 52 52 52 52 52 52 52 52 52 52 52 52	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agont will be identic liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	was of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of e provided in the articles of organization or	
Lazaro R. Navarro (Printed typed name of signee)	-	
I hereby accept the appointment as registered agent and as comply will the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if his document is being filed to mer address, I hereby confirm that the limited liability company (Signature of Registered Agent)	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

__ FILING FEE: \$25.00

INHS18(10/99)