## L02000033349

Mermelstein / Hidal go (Requestor's Name)		
3211 Ponce de Leon Blvd (Address)		
Ste 305 (Address)		
Coral Gables FL 33134 (City/State/Zip/Phone #)		
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(Business Entity Name)		
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## 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.

140 Pa-11-1	Talls == +- 000,5
1. The name of the limited liability company is: MB Kealty =	Investmen
2. The mailing address of the limited liability company is: "6 mermelster	n Hidalgo LP.
3211 Ponce de Leon Blud Ste 305 Coral Galales F	L 33134 .
17/12/02 L0200003	3349
3. Date of filing/registration in Florida 4. Document number	•
5. The name of the registered agent and the registered office address as shown on the Florida Department of State:	ne records of the
Pedro Mortin Esq	
Name 6 reenlocky Tros rig	
Greenberg Trouring 1221 Brickell Aue Ste 2100	
Audios	40.
City, State and Zip	ASS OF THE
6. The name and address of the new registered agent and/or office:	AR CI
	HASSEE.
Michael Mermelstein	SEC O IT
Name	
3211 Ponce de Leon Blud # 305 Florida street address (P.O. Box NOT acceptable)	SI
riorida sireci address (r.o. box 1101 acceptable)	20
Coral Galdes FL 33134	<b>9</b>
Coral Galales FL 33134 City, State and Zip	<del></del>
If the limited liability company is not organized under the laws of the State of Floriconfirmed that after the change or changes are made, the Florida street address of the and the business office of the registered agent will be identical. Or, in the case of a liability company, it is hereby confirmed that the change(s) was/were authorized by of the members of the limited liability company or as otherwise provided in the art or the operating agreement of the limited liability company.  (Signapore 11 July 1997) or authorized representative of a member)	he registered office
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capac comply with the provisions of all statutes relative to the proper and complete perfo and I am familiar with and accept the obligations of my position as registered ager Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in a address, I hereby confirm that the limited liability company has been notified in wr	ity. I further agree to rmance of my duties, al as provided for in he registered office iting of this change.
(Signature of Registered Agent)	
Division of Compositions D.O. Pay (227 Tallabasses El 22	214

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