## 10300005870

2147 SW 8 STREET, LLC 444 BRICKELL AVENUE, SUITE 415 MIAMI, FL 33131 (Address)	200041533162
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	10/05/0401042001 **25.00
(Document Number)  Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	MOTO OF FILED SEURCIANASSEE, FL

Office Use Only

## 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.

g,,	J	0447.04	O OTDEET II O	
1. The name of the limite				
2. The mailing address of	f the limited liability co	ompany is:	444 Brickell Aver	nue, Suite 415
Miami, FL 33131-2405				
02/17/2003			L03000005870	)
3. Date of filing/registration in Florida			4. Document number	
5. The name of the register Florida Department of	State:			on the records of the
	Transglobal Corpor	rate Admini Name	stration, Inc.	
	520 Brickell Key Dr		)-305	
	Miami, FL 33131	Address		
		State and Z	ip	
6. The name and address	of the new registered ag	gent and/or	office:	SECH O
	Charles Tavares			
	444 Brickell Avenue	Name e, Suite 41	5	ASSEE,
	Florida street address	s (P.O. Box	NOT acceptable)	FLC F ST F ST F ST F ST F ST F ST F ST F ST
	Miami	FL 33	3131-2405	8: 05
	City, S	State and Zip		D 0.
the operating agreement	nange or changes are method the registered agent with the confirmed that the diability company or the limited liability company or the limited liability company.	nade, the Florill be identice change(s) vas otherwise ompany.	rida street address o al. Or. in the case o	lorida, it is hereby of the registered office of a Florida limited I by an affirmative vote of icles of organization or
(Signature of a member or authori	zed representative of a member	er)		••
Charles Tavares				
(Printed or typed name of signee)	ί /			
I hereby accept the appoi comply with the provision and I am familiar with an Chapter 608, F.S. Or, if t address, I hereby confirm	intment as registered as sof all statutes relative descript the obligation his about the limited liability that the limited liability	gent and agi e to the prop is of my posi filed to mere ty company i	ree to act in this caper and complete per tion as registered a ly reflect a change has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)		<del></del>		••
Divisio	n of Corporations, P.	O. Box 632'	7, Tallahassee, FL	32314

FILING FEE: \$25.00

INHS18(10/99)