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US NAME OF CONFORMALIONS

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 lin	nited liability company is:	Premier	Property Manager	ment, LL	<u>.c</u>		<u>.</u> .
2. The mailing address of the limited liability con							
Ft. Lauderdale, FL		- -				7.	
03/03/2003		=:-	L03000007795				
3. Date of filing/regis	tration in Florida		4. Document num	ber			
5. The name of the reg Florida Department	istered agent and the regist of State:	ered office	address as shown o	n the rec	ords of	the	
· · · · · · · · · · · · · · · · · · ·	Leonor A. Ortiz		an Chamaithean in the Committee of the C	· ·			. # <u>~</u>
	441 SE 10th Street	Name #201D			;	:	
	Dania, FL 33004	Address		· 			
	City,	State and Z	ip				
6. The name and addre	ess of the new registered ag	ent and/or	office:	.==		03	¥,
	Leonor A. Ortiz		- سد	·- · - · · · ·		3	SICK
	3107 Stirling Road S	lame Suite 308	•	**		12	OF ANY
	Florida street address	(P.O. Box	NOT acceptable)	•		P	200
	Ft. Lauderdale	FL 3331	2	.en z <u>i</u> .		2: 08	RAI
	City, St	ate and Zip)	.		38	E SHO
confirmed that after the and the business office liability company, it is the members of the lin	company is not organized use change or changes are made of the registered agent will hereby confirmed that the chited liability company or any of the limited liability contact.	ide, the Flo I be identic change(s) v s otherwise	rida street address or al. Or, in the case of vas/were authorized	of the reg of a Florid by an af	istered (da limite firmativ	office ed ee vot	e of
Signature of a member or an	thorized representative of a member)					
Ashia Rudd (Primed or typed name of sign	nec)		and the second	强 学 ""。		يق	* 2
I hereby accept the ap comply with the provis and I am familiar with Chapter 808, F.S. Or, address, I hereby confi	pointment as registered age tons of all standes relative and accept the obligations if this document is being fi irm that the limited liability	ent and ag to the prop of my posi led to mere company .	ree to act in this cap per and complete per tion as registered a ly reflect a change has been notified in	nacity. I j rformanc gent as p in the reg writing c	further of my re of my rovided gistered of this ci	agree Autic for it office hänge	10 rs n e e
(Signature of Registered Ager		*	• •	· · · ***			

Division of Corporations, P.O. Box 6327, Tallahassec, FL 32314

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