L0300000815

American Lesidentia (Requestor's Name) 848 Brickell Avenue (Address) Penthouse (Address) Miami, H. 33131 (City/State/Zip/Phone #)	900162579839
PICK-UP WAIT MAIL (Business Entity Name)	11/12/0801008011 **25.00
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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. JLDP26, LLC 1. Name of the limited liability company: ___ 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 848 Brickell Avenue, Penthouse Miami, Florida 33131 Same as above. (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) L03000008165 03/05/2003 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Jacquelyn L. de Paudua 848 Brickell Avenue, Penthouse Registered Office Address: Miami, Florida 33131 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: William Hirschkowitz **NEW** Registered Office Address: Same address as above. (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member Jeffrey Kirsch, Authorized Signatory Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. Unit the provisions of all statutes relative to the proper and complete performance of my dutters and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

Signature of Registered Agent