L03000009111

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DIVIDION CORPORATIONS
ON LANASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 26, 2005

MIAMI SUN PROPERTIES, LLC 3550 N. BAY HOMES DRIVE MIAMI, FL 33133

SUBJECT: MIAMISUN PROPERTIES LLC

Ref. Number: L03000009111

We have received your document for MIAMISUN PROPERTIES LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 205A00048594

2005 AUG 26 PM 1: 30

Division of Comparations D.O. DOV 6297 Tollahassas Florida 20214

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	limited liability company is:	MIAMISUN	PROPERTIE:	s, LLC.	
2. The mailing add	ress of the limited liability compa	any is : <u>3550</u>	N. Bay	Homes DRIVE	
Miami, F	FL, 33133		<u>,</u>	······································	
3/12	/03		403000009111		
3. Date of filing/reg	istration in Florida	4. Docum	4. Document number		
5. The name of the r Florida Departme			shown on the r	ecords of the	
	CT CORPORA NE 1200 SOUTH PIN Add PLANTATION FL City, State	e SLAND Pardress 33324 te and Zip	♣₽	PILED 2005 AUG 26 PH DIVALLAHASSEE, P	
6. The name and address of the new registered agent and/or office:					
	Florida street address (P.	NO. Box NOT accept	DRIVC ptable)	H 1:30 FLORIDA	
	Miami F	L 33133			
confirmed that after	ty company is not organized under the change or changes are made ice of the registered agent will be it is hereby confirmed that the challimited liability company or as onent of the limited liability comp	er the laws of the S, the Florida street	address of the t	registered office	
(Signature of a member of	authorized representative of a member)				
(Printed or typed name of					
I hereby accept the comply with the pro and I am familiar w Chapter 608, F.S. C address, I hereby co	appointment as registered agent visions of all statutes relative to ith and accept the obligations of Or, if this document is being filed onfirm that the limited liability co	t and agree to act it the proper and con my position as reg I to merely reflect a ompany has been n	n this capacity. nplete perform istered agent a change in the otified in writir	I further agree to ance of my duties, is provided for in registered office ig of this change.	
(Signature of Registered	Agent)	•			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					
INHS18(10/99)	FILING !	FEE: \$25.00			