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SECRETARY OF STATE

## 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.

agent, or both, in the State	*			
1. The name of the limite	d liability company is:	6501 PEMBROKE ROAD	, LLC	
		mpany is: 9130 S. DADEL		
SUITE 1613, MIAMI, F			·	
03/19/2003		L03000009870	3	
3. Date of filing/registration in Florida		4. Document number		
5. The name of the registe Florida Department of S		tered office address as shown of H  Name	on the records of the	
650 SE THIRD AVE.				
	FORT LAUDERDA	Address LE, FL 33301 State and Zip	- IN 03	
6. The name and address of	of the new registered ag	gent and/or office:	TANK CRET	
•	GUS EFTHIMIOU,	JR.	SS 20 1	
	9130 S. DADELANI	me H		
	Florida street address	F STATE		
	MIAMI,	FL 33156		
	City, S	tate and Zip		
confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of	nange or changes are managed the registered agent will reby confirmed that the disability company or a fifthe limited liability company.	under the laws of the State of Eade, the Florida street address II be identical. Or, in the case change(s) was/were authorize as otherwise provided in the arompany.	of the registered office of a Florida limited	
Gus E E + H ( M (Printed or typed name of signee)	nouJR.			
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered as s of all statutes relative d accept the obligation his document is being f that the limited limitit	gent and agree to act in this ca to the proper and complete p s of my position as registered of iled to merely reflect a change by company has been notified i	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office muriting of this change.	

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

**FILING FEE: \$25.00**