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SECRETARY OF COLDANSION

COVER LETTER

TO: Registration Section

Division of Corporations		
SUBJECT: BYRON 76 APACT Name of Limited	MENTS, LIC d Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this m	atter to the following:	
KEWEH D. PITTON		
BYZON 76 APMITMENT Firm/Company	s, uc	
BYRON 76 APMIMENTS, LIC Firm/Company 452 NE 39th ST		
Address		
MIAM1, R 33137		
BYRBPT @ Comust. NLS E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
KENNETH DPITTMW at (305) 439-1055 Name of Person at (305) 439-1055 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
INHS18 (5/08)	7/14/09	

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. Name of the limited liability company: BYZUN	76 MARTMENTS, LLC	
2. (a) Principal office address of limited liability company		
(Note: MUST BE STREET ADDRESS)	452 NE 39th ST MINMI, n. 33137	
(b) Mailing address of limited liability company:	KENNETH D. PITTMY	
(Note: MAY BE POST OFFICE BOX)	452 NE 39 th ST MIDMI, FL 3313)	
4/7/03	L03000012432 0	
3. Date of filing/registration in Florida	4. Document number 9 VS	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	PAUL SONOTH 5	
Registered Office Address:	3841 NE AND AVE	
	MIRMI, FL 33137	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
<u>NEW</u> Registered Agent:	KENNED+ D. PITTMAN	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	452 NE 39th ST	
	MIMMI ,FL 33/37	
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 or authorized representative of a member		
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province and I am familiar with and accept the officiations of my post Chapter 608, F.S. Or, if this document is being filed to met address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.	

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