## L03000 19468

Oliver James (Requestor's Name)	
(Requestor's Name)	
(Address)	
247 SW 8 <sup>2</sup> ST 4 197 MIAMI, PC 33130	 <u>i</u>
	<u>.                                    </u>
PICK-UP WAIT	MAIL
(Business Entity Name)	······
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TALLAHASSEE FLORID

## 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 limite	ed liability company is:	Bay Heights Realty Group	, LLC
		ompany is:	
848 Brickell Key Dr. #3	-		
May 28, 2003	<del></del>	L03000019468	·
3. Date of filing/registrati	. Date of filing/registration in Florida 4. Document number		ıber
5. The name of the registe Florida Department of	ered agent and the regis State: Oliver James	stered office address as shown o	n the records of the
	848 Brickell Key D	Name rive, #3604	•
	Miami, Florida 331	Address 31	
	City,	, State and Zip	- 75° 0
6. The name and address of	of the new registered a	gent and/or office:	L A
	Oliver James	· · · · · · · · · · · · · · · · · · ·	O4 JAN 2 JAR Y
	247 SW 8th Street,	Name #197	AM SEE, TAN
	Florida street addres	s (P.O. Box NOT acceptable)	9 5
	Miami	<sub>FL</sub> 33130	02 1810
	City, S	State and Zip	چ. <b>ر</b>
confirmed that after the chand the business office of	tange or changes are methe registered agent we reby confirmed that the diability company or f the limited liability c	under the laws of the State of Flade, the Florida street address of ill be identical. Or, in the case of change(s) was/were authorized as otherwise provided in the art ompany.	of the registered office
	zeo representativo tea incinio	• • • <u></u>	v na nagana na nagan v na
Oliver James (Printed or typed name of signee)			
	ntment as registered as s of all statutes relative days the obligation his document is being that the limited liability	gent and agree to act in this cape to the proper and complete pe to the proper and complete pe sty of my position as registered a filed to merely reflect a change ty company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Megapeter Ukelli)			

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

NHS18(10/99) FILING FEE: \$25.00