## 1030000 26682

DEVELO 2701 Mian	TOK PMENT GROUP SW Third Avenue ni, Florida 33129	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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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.

LLC

1. The name of the limite	ed liability company is: L	a Gran Via, LLC.	•
2. The mailing address of	f the limited liability compa	any is: <u>C/O Astor Dev</u>	elopment Group,
2701 SW Third A	Avenue Miami, FL	33129-2335	· · · · · · · · · · · · · · · · · · ·
July 22, 2003		L03000026682	· · · · · · · · · · · · · · · · · · ·
3. Date of filing/registrat	ion in Florida	4. Document number	r
5. The name of the register Florida Department of	ered agent and the registere State:	d office address as shown on t	he records of the
W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Francisco J. O		
	Na	ıme	
	5900 SW 73 Stre	et #205 iress	
	Miami, FL 3314 City, Star	te and Zip	03 O
6. The name and address	of the new registered agent	and/or office:	OCT 31 AM
Peter A.	Torres C/O Asto	or Development Group	o, FILC
	Nan	ne	
	2701 SW Third 7	lvenue	9 🗇
,	·	O. Box NOT acceptable)	44
	Miami F		•
	City, State	and Zip	
confirmed that after the cl and the business office of liability company, it is her the members of the limite	nange or changes are made, the registered agent will be	er the laws of the State of Flor, the Florida street address of the identical. Or, in the case of a nge(s) was/were authorized by therwise provided in the article any.	he registered office
(Signature of a member or authori	zed representative of a member)	· · · · · · · · · · · · · · · · · · ·	
Peter A. Torre	S		
(Printed or typed name of signee)			e
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as registered agent s of all statules relative to d accept the obligations of his document is being filed that the limited liability co	and agree to act in this capac the proper and complete perfo my position as registered age to merely reflect a change in mpany has been notified in wi	ity. I further agree to rmance of my duties, nt as provided for in the registered office riting of this change.
	n of Cornorations PA	Box 6327, Tallahassee, FL 32	21/
17141910	m or corborations, r.O. p	ova voa i, landhassee, p.l. J2	WIT.

FILING FEE: \$25.00