_03000029591

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
		•
(Do	cument Number)	
,	,	
Certified Copies	Certificates	of Status
	_	<u></u>
		
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Best Housing LLC (Name of	Limited Liab	ility Company)	_
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Chang	e and fee(s) are submitted for	filing.
Please return all correspondence concernin	g this matter t	o the following:	
Jorge M. Diaz			
(Name of Person)	·		
Best Housing LLC		<u></u>	y 90 y 90
(Firm/Company)			SION OF CO
2739 Treanor Terrace (Address)		<u> </u>	PH PH
Wellington, Florida 33414-6460			STATE RATIONS 2: 04
(City/State and Zip Code)		_	0.
For further information concerning this ma	tter, please ca	11:	
Jorge M. Diaz	at (305	632-9039	
(Name of Person)		(Area Code & Daytime Telep	phone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 illahassee, Florida 32314	
Enclosed is a check for the follow	ing amount:		
	\$55 Filing Fee & Certified Copy		

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 oom, in the or	410 0,7 1 107 144.		
1. The name of the lim	ited liability company is: _E	Best Housing LLC	
2. The mailing address	of the limited liability com	ipany is : 2739 Treanor Terrace	
Wellington, Florida 3341		. ,	
veilington, Florida 334 i	4-0400		
August 11, 2003		L03000029591	
3. Date of filing/registr	ration in Florida	4. Document number	
5. The name of the regin Florida Department of		red office address as shown on the rec	cords of the
•	Jorge M. Diaz		<u> </u>
		Name	OF AUG
	3608 Collonade Drive		32 32
	A	ddress	一二二二
Wellington, Florida 33467-8080		67-8080	15 CS
		tate and Zip	고 골유다
6. The name and address	ss of the new registered age	nt and/or office:	PH 2: 04
o. The hame and address	oo or the new regionered age	in and or office.	; da
	Jorge M. Diaz		7
	Na	ame	
	2739 Treanor Terrace		
	Florida street address (P.O. Box NOT acceptable)	
	Wellington,	FL 33414-6460	
	City, Sta	te and Zip	•
confirmed that after the and the business office liability company, it is of the members of the or the operating agreem	change or changes are mad of the registered agent will hereby confirmed that the c	nder the laws of the State of Florida, it de, the Florida street address of the reg be identical. Or, in the case of a Flor change(s) was/were authorized by an a r as otherwise provided in the articles company.	gistered office ida limited offirmative vote
<i>U</i>	•		
Jorge M. Diaz			
(Printed or typed name of sign	,		* a *
I hereby accept the app comply with the provisi and I am familiar with Chapter 608, F.S. Or, address, I hereby confii	pointment as registered age ons of all statutes relative to and accept the obligations to if this document is being fil- rm that the limited liubility	ent and agree to act in this capacity. It is the proper and complete performan of my position as registered agent as led to merely reflect a change in the recompany has been notified in writing	further agree to ce of my duties, provided for in egistered office of this change.
(Signature of Registered Agen	KI		

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