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COVER LETTER

Division of Corporations			· .		
SUBJECT: Best Housing I, LLC					
	Limited Liabi	ility Company)	,		
Dear Sir or Madam:					
The enclosed Registered Agent/Registered C	Office Change	e and fee(s) are submitted for filing	5.		
Please return all correspondence concerning	this matter to	o the following:			
		in in in the to the second of the second			
Jorge M. Diaz					
(Name of Person)		 .	• • -		
Best Housing I, LLC		TAL S			
(Firm/Company)		LLAHAS			
2739 Treanor Terrace					
(Address)		SEE 15			
, ,		باري <u>مي</u> 1	ILED		
Wellington, Florida 33414-6460		1: 03 TATE ORIDA	O		
(City/State and Zip Code)					
For further information concerning this matt	er, please cal	M:			
Jorge M. Diaz	at (305	632-9039			
(Name of Person)	·	(Area Code & Daytime Telephone	e Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section Division of Corporations	Registration Section				
Clifton Building	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301					
Enclosed is a check for the following	ng amount:				
 ✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy				

INHS18 (8/05)

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 lim	ited liability company	is: Best Housing I, LLC			
2. The mailing address			eanor Terrac	e	- 2
Wellington, Florida 33414		y			
veningen, i londe 5041-	70400			-	والمستوالية المستوالية المستوالية المستوالية المستوالية المستوالية المستوالية المستوالية المستوالية المستوالية
September 3, 2003		LO300	00033022	_ , <u>\$</u> ec	
3. Date of filing/registr	ation in Florida	4. Do	cument num	iber	
5. The name of the regis	stered agent and the r	egistered office address	s as shown o	on the record	is of the
1 tottaa 2 opatumone o	Jorge M. Diaz	··			
		Name			**************
	3608 Collonade D		· . 		
	Mallington Florid	Address		-	
	Wellington, Florid	ity, State and Zip	 ,	المراهضا الأحاد	
6. The name and addres					
o. The name and addres	a of the new legistere	a agent and/or office.			
	Jorge M. Diaz			SEC.	3
	2739 Treanor Terr	Name race		CRETA	
	Florida street add	ress (P.O. Box NOT ac	cceptable)	ARY SSE	
	Wellington,	FL 33414-6460	i	19 T	(Table 2
	Cit	y, State and Zip		150	D
If the limited liability of confirmed that after the and the business office liability company, it is to for the members of the lor the operating agreem	change or changes are of the registered agentereby confirmed that imited liability comp.	re made, the Florida strate will be identical. Or, the change(s) was/wer any or as otherwise probability company.	eet address of in the case of e authorized	of the registe of a Florida I by an affir	ered office limited mative vote
Englishme of a member of author	orized representative or a m	enpery			
Jorge M. Diaz (Printed or typed name of signs	ee)	12-		_ 7.2.	- ŧ.,
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, i address, I hereby confir	ointment as registercons of all statutes rela und accept the obliga f this document is bei m that the limited lia	ed agent and agree to a ative to the proper and tions of my position as ng filed to merely refle bility company has been	ct in this cap complete pe registered a ct a change n notified in	pacity. I fur rformance of gent as prov in the regist writing of t	ther agree to of my duties, vided for in tered office his change.
Signature of Registered Agent	,	The state of the s	· · · · · · · · · · · · · · · · · · ·		•
		PO Roy 6327 Talla	hacrae El	22214	· ·

FILING FEE: \$25.00

INHS18 (8/05)