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EXAMINER

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	SUBJECT: MARSHALL AMAYA & ANTON, P.L. Name of Limited Liability Company			
D				
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Regis	tered Office Change and fee(s) are submitted for filing.		
Please	e return all correspondence conc	erning this matter to the following:		
	LUIS E. BOUE, C.	P.A. 🔀 🗸 🔀		
	Name of Person	LECA NO.		
	COLBERT BOUE & JUNCA Firm/Company	س ا		
	3001 PONCE DE LEON BLV Address	7D., SUITE 211		
	CORAL GABLES, FL City/State and Zip Code			
	luisb@cbaj.cor -mail address: (to be used for future annua	n Il report notification)		
For fi	urther information concerning th	is matter, please call:		
	LUIS E. BOUE, C.P.A.	at (305) 448-8700		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRES Registration Section	MAILING ADDRESS: Registration Section		
	Division of Corporations Division of Corporations			
	Clifton Building P.O. Box 6327			
	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		

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.

Name of the limited liability company:MARS	SHALL AMAYA & ANTON, P.L.
2. (a) Principal office address of limited liability company	y: 3618 PALMETTO AVENUE
(Note: MUST BE STREET ADDRESS)	MIAMI, FL 33133
(b) Mailing address of limited liability company:	3618 PALMETTO AVENUE
(Note: MAY BE POST OFFICE BOX)	MIAMI, FL 33133
10/7/2003	L03000039444
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	INMA ROCA
Registered Office Address:	3618 PALMETTO AVENUE MIAMI, FL 33133
(b) Enter name of NEW Registered Agent and/or NE	
NEW Registered Agent:	LUIS E. BOUE, C.P.A.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	c/o COLBERT BOUE & JUNCADELLA, LLP 3001 PONCE DE LEON BLVD., SUITÉ 211 CORAL GABLES ,FL 33134
If the limited hability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	Florida street address of the registered office tical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	_
Printed or typed rathe of kignee I hereby accept the appointment as registered agent and comply with the provision of all slattles relative to the prand I am familiar with and accepture obligations of my per Chapter 668, F.S. Or finis document is being filed to me address I hereby confirm that the limited liability compared to Registered Agent	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.

';'

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