L03000040019

(Re	questor's Name)					
(Ad	dress)	·				
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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SECRELARY OF STATE

B. BOSTICK MAR **17** 2011

EXAMINER

COVER: LETTER

♦TO: Registration Section Division of Corporations

SUBJECT:	BYRON PROPERITES, LLC Name of Limited Liability Company				
	Name of I	Limited	Liability (Company	
Dear Sir or Mada	m:				
The enclosed Reg	istered Agent/Registered C	Office (Change and	fee(s) are sub	omitted for filing.
Please return all c	orrespondence concerning	this m	atter to the	following:	
	Jacqueline Portal		 		
	Name of Person				
	WNF LAW PL				
	Firm/Company				
201 SO. B	ISCAYNE BLVD., 34TH	FLOC	PR		Π _ο .
	IIAMI, FLORIDA 33131 City/State and Zip Code			•	1 MAR I 4 PH 2: I 0 LUKE KAST OF STATE LLAHASSEE FLORID
E-mail address: (JP@WNFLAW.COM to be used for future annual report n	notificatio	on)		PH 2: I
For further inform	nation concerning this matt	er, ple	ase call:		DA O
	queline Portal	_ at (_	305)_		60-850 \$ Telephone Number
Registratio Division of Clifton Bur 2661 Exec	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 61-Executive Center Circle 11-Executive Center Circle 12-Executive Center Circle 13-Executive Center Circle 14-Executive Center Circle 15-Executive Center Circle 16-Executive Center Circle 17-Executive Center Circle 18-Executive Center Circ				
Enclosed	is a check for the followir	ng amo	ount:		
√ \$25 Fil	,	-		iling Fee & Co	ertified 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:	BYRON PROPERTIES, LLC			
2. (a) Principal office address of limited liability comp	pany: 7717 BYRON AVENUE			
(Note: MUST BE STREET ADDRESS)	MIAMLBEACH, FLORIDA 33141			
(b) Mailing address of limited liability company:	P.O. BOX 4097			
(Note: MAY BE POST OFFICE BOX)	MIAMI BEACH, FLORIDA 33141			
10/20/2003	L03000040019			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:			
Registered Agent:	SOLOMON, AYAL FRANCIS J.			
Registered Office Address:	7717 BYRON AVENUE , # 8 MIAMI BEACH, FLORIDA 33141			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: WNF CORPORATE SERVICES, LLC			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	201 SO. BISCAYNE BLVD., 34TH FLOOR MIAMI, ,FL33131			
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member AYAL FRANCIS J. SOLOMOM Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of member of the confirmal than the limited liability company.	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited sec(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization pany.			
Signature of Hegistred Agent Division of Corporations, P.O. Box	x 6327, Tallahassee, FL 32314			
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