## L03000048986

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



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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.

1. The name of the limite	ed liability company is:	BELLA BISCAYNE, LLC	<u> </u>
		mpany is: 10271 SW 72 Str	eet, Suite 102-D,
Miami, Florida 33173	·		
12/02/2003		L03000048986	
Date of filing/registration in Florida 4. Document number 1.		iber	
5. The name of the register Florida Department of	State:	tered office address as shown o	n the records of the
	Martha Vias	NI	F 2
	10271 SW 72 Stree	Name et, Suite 102-D	DEC TANK
	Miami, FL 33173	Address	SEE S
	City,	State and Zip	
6. The name and address	of the new registered ag	gent and/or office:	78 57 E
	Martha Vias		<b>D</b> . 2
	10271 SW 72 Stree	Name t, Suite 102-D	
	Florida street address	(P.O. Box NOT acceptable)	· ·
	Miami,	FL 33173	
	City, S	tate and Zip	
If the limited liability con confirmed that after the cl and the business office of liability company, it is her the members of the limite the operating agreement of the limited liability con confirmed that the classical limited liability control limited liability control	nange or changes are method the registered agent with the confirmed that the diability dompany or a find limited liability confirmed that the limited liability confirmed the liability confir	ander the laws of the State of F. ade, the Florida street address of II be identical. Or, in the case of change(s) was/were authorized as otherwise provided in the art ompany.	lorida, it is hereby of the registered office of a Florida limited by an affirmative vote of icles of organization or
Martha Vias			
(Printed or typed name of signee)			<del>4</del>
• • •		gent and agree to act in this cap to the proper and complete pe s of my position as registered a filed to merely reflect a change y company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99) FILING FEE: \$25.00