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M. Amaro t					
c/o Cantor & Webb PA					
1001 Brickell Bay Dr., #3112					
Miami, FL 33131					
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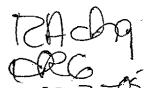




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D5 JAN 24 AM 8: 54 SECRETARY UI STATE



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	d liability company is:	9 QUEEN	s,ilc_		
2. The mailing address of	f the limited liability con	mpany is :	1221 Brickell Ave	enue, Suite 918,	
Miami, FL 33131	. •	-			
February 6, 2004			L04000010396		
3. Date of filing/registrati	ion in Florida		4. Document num	ıber	
5. The name of the register Florida Department of	State:		address as shown o	n the records of the	
	Scott G. Villanueva			200 5 - 1	
	1221 Brickell Avenu		8	IN THE PECONGS OF THE STATE OF STATE AND SECRETARY OF STATE OR SECRETARY OF STATE OF	
		Address		500 - m	
	Miami, FL 33131 City,	State and Zij		Ma & C	
6. The name and address of the new registered agent and/or office:					
	SLC Corporate Sen	vices, Inc.		Qm	
1001 Brickell Bay Drive, Suite 2908					
•	Florida street address	(P.O. Box N	NOT acceptable)		
	Miami	FL 33131	I		
	City, St	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 agreements. (Signature of a member or author)	nange or changes are ma the registered agent will reby confirmed that the d liability company or a othe limited liability co	ade, the Flor il be identica change(s) w as otherwise ompany.	ida street address of al. Or, in the case of as/were authorized	of the registered office of a Florida limited I by an affirmative vote of	
Alberto Ortega Suarez					
(Printed or typed name of signee)	<u>-</u>	<u></u> -			
I hereby accept the apportantly with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered ag is of all statutes relative d accept the obligations this document is being f that the limited liability	gent and agre to the prope s of my posit iled to merel y company h	ee to act in this caper or and complete pe ion as registered a ly reflect a change as been notified in	pacity. I further agree to erformance of my auties, igent as provided for in in the registered office writing of this change.	

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

FILING FEE: \$25.00

INHS18(10/99)

(Signature of Registered Agent)