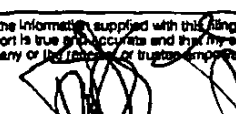


4/14

04-13-2005 90217 001 ****50.00

DOCUMENT # L04000011041		04-13-2005 90217 001 ****50	
1. Entity Name URBANISM - 3202, LLC			
Principal Place of Business 814 PONCE DE LEON BLVD, STE 402 CORAL GABLES, FL 33134		Mailing Address 814 PONCE DE LEON BLVD, STE 402 CORAL GABLES, FL 33134	
2. Principal Place of Business 301 Almeria Avenue Suite # 106 Coral Gables, FL 33134 USA		3. Mailing Address 301 Almeria Avenue Suite # 106 Coral Gables, FL 33134 USA	
4. FE# Number 35-2225468		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIR, STE 1102 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, name or private name of registered agent and date of application		DATE	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGING member Brian L. Starbuck 301 Almeria Ave #106 C. Gables - FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Zully Ruiz member 301 Almeria Ave #106 C. Gables		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the partnership or trust, or authorized to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		5/26/05 4-6-05 305-444-5638	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	