

Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)205-0383 Fax Number

Account Name

Account Number : 072450003255 Fax Number

: EMPIRE CORPORATE KIT COMPANY OF CORPORATOR (305) 634-3694 (305) 633-9696 CORPORATOR (305) 633-9696 LIMITED LIABILITY AMENDMENT

PARKINSON & BORGUETTI, LLC

Certificate of Status	0
Certified Copy	0
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MUMUNUM

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 limited liability company is: PARKINSON & BORGUETTI, LLC 2. The mailing address of the limited liability company is : 1221 Brickell Avenue, 9th Floor Miami, FL 33131 03/03/04 L04000016931 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: OLGA CASABIANCA Name 12521 SW 119 Court Address Miami, FL 33186 City, State and Zip 6. The name and address of the new registered agent and/or office: **GISELLE CARRACEDO** Name 1221 Brickell Avenue, 9th Floor Florida street address (P.O. Box NOT acceptable) Miami City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating Typesment of the limited liability company. member or authorized representative of a member) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office addressy fureby confirm that the limited liability company has been notified in writing of this change. re of Registered Agent Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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INHS18(10/99)