## attn: Raich Ventura

| Hn: Ralph Ventura                                   |  |  |  |  |
|---|--|--|--|--|
| Rojos, Oliva P Ventura (Requestor's Name)           |  |  |  |  |
| 80 SW 8 Street  (Address)                           |  |  |  |  |
| Svite 1900  |  |  |  |  |
| (Address)  Miami, FL 33130 (City/State/Zip/Phone #) |  |  |  |  |
| PICK-UP WAIT MAIL                                   |  |  |  |  |
| (Business Entity Name)                              |  |  |  |  |
| (Document Number)                                   |  |  |  |  |
| Certified Copies Certificates of Status             |  |  |  |  |
| Special Instructions to Filing Officer:             |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



900051052509

04/21/05--01042--008 \*\*25.00



## 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 comp   | pany is: Castle B  | each, LLC   |  |  |
|--|--|--|---|--|--|
| 2. The mailing address of the limited liability company  |  |  |   |  |  |
|  |  |  | Miami, Florida 331  |  |  |
| 5/12/04  |  |  | L0400003  | 8179   |  |
| 3. Date of filing/registration in Florida  |  |  | 4. Document number  |  |  |
| 5. The name of the register Florida Department of  |  | _  | address as shown on   |  |  |
|  | 9735 S.W. 4  | Name   |   | 22   |  |
|  | Miami, Florid  | Address  | Zip   | FILED PH 1:11  |  |
| 6. The name and address  | of the new regis   | stered agent and/or  | office:   | 解 3  |  |
|  | Carmen Fer   | nandez   |   | TOR T  |  |
|  | 10575 S.W.   | Name<br>58 Street  | · · · · · · · · · · · · · · · · · · ·   | 1075   |  |
| Florida street address (P.O. Box NOT acceptable)   |  |  |   |  |  |
|  | Miami,   | <sub>FL</sub> 331  | 73  |  |  |
|  |  | City, State and Zi   | p   |  |  |
| If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited that the limited liability conconfirmed that after the confirmed that a | hange or change in the registered a reby confirmed a liability composite the limited liability.      | es are made, the Floagent will be idention that the change(s) pany or as otherwise ability company.                | orida street address of<br>cal. Or, in the case of<br>was/were authorized b   | the registered office<br>a Florida limited<br>by an affirmative vote of  |  |
| Carmen Fema<br>(Printed or typed name of signee  | \ · -  |  | <del>.</del> —  |  |  |
| I hereby accept the appo<br>comply with the provision<br>and I am familiar with ar<br>Chapter 608, F.S. Or, if<br>address, I hereby confirm<br>(Signature of Registered Agent)   | intment as regi:<br>1s of all statutes<br>ad accept the ob<br>this document i:<br>1 that the limited | stered agent and as<br>s relative to the pro<br>ligations of my pos<br>s being filed to men<br>d liability company | gree to act in this capa<br>per and complete perf<br>sition as registered ago<br>rely reflect a change in<br>has been notified in w | city. I further agree to<br>formance of my duties,<br>ent as provided for in<br>the registered office<br>vriting of this change. |  |

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

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