## LÓ4000039706

Fisher & Lawrence, P.A. 80 NE 168th St North Miami Beach, FL 33162		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE
ORIGINATED

## 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.

agoin, or som, in the state of t		
1. The name of the limited liab	ility company is: Weston Proper	rty Group, LLC.
	mited liability company is: 80 NE	
North Miami Beach, Florida		
05/25/04	L04	1000039706
3. Date of filing/registration in	Florida 4. De	ocument number
Florida Department of State: Rol	gent and the registered office addressert A Lawrence  Name	ss as shown on the records of the
	5 NE 125th Street, Suite 201  Address th Miami, FL, 33161  City, State and Zip	
6. The name and address of the	new registered agent and/or office:	
Fisl	ner & Lawrence, P.A.	
80 1	NE 168th Street	<del></del>
Flo	rida street address (P.O. Box NOT	acceptable)
Nor	h Miami Beach <sub>FL</sub> 33162	
<del></del>	City, State and Zip	ZODI SEL
confirmed that after the change and the business office of the re	egistered agent will be identical. Or onfirmed that the change(s) was/we ility company or as otherwise providential liability company.	reet address of the registered office.
Joshua Fisher		
(Printed or typed name of signee)		
I hereby accept the appointment comply with the provisions of a and I am familiar with and acceptage of the control of the con	nt as registered agent and agree to all statutes relative to the proper and ept the obligations of my position as cument is being filed to merely refluent in the limited liability company has be	act in this capacity. I further agree to a complete performance of my auties, a registered agent as provided for in lect a change in the registered office en notified in writing of this change.
(Signature of Registered Agent)	<del></del>	

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

INHS18(10'99)

FILING FEE: \$25.00