104000054215

Aaron I. Fleischman 5646 North Bay Road Miami Beach, Fl 33140			
(Add	lress)		
(Add	lress)		
(City	/State/Zip/Phone	e #)	
PłCK-UP	☐ WAIT	MAIL	
(Bus	iness E ntity Na n	ne)	
(Doc	cument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to F	iling Officer:		





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SLOW MHO: 29
TALLANA SEEL I LORIDA

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:	AIF AGENCY LLC	
		mpany is: C/O Robert A. S	tone,
2699 South Bayshore			
July 21, 2004		L0400005421	5
3. Date of filing/registration	ion in Florida	4. Document nur	mber
5. The name of the register Florida Department of	red agent and the regis State: Law Center of the A		on the records of the
	701 Brickell Avenue	Name e, Suite 1650	
	Miami, Florida 3313		·
City, State and Zip 6. The name and address of the new registered agent and/or office:			
	Robert A. Stone		FILE OCT 19
	2699 South Baysho	Name ore Drive, Suite 500	myrs
	Florida street address	s (P.O. Box NOT acceptable)	MH 10: 29
	Miami	FL 33133	29 DA
	City, S	tate and Zip	
confirmed that after the cl	the registered agent with the registered agent with the confirmed that the diability company or a fithe limited liability confirmed that the limited liability confirmed that the limited liability confirmed the limited liability confirmed that the limited liability confirmed the limited liability confirmed that the limited liability confirmed that the limited liability confirmed the limited liability confirmed that the liability confirmed the liability confirmed that the liability confirmed that the liability confirmed that the liability confirmed the liability confirmed that the liabili	under the laws of the State of lade, the Florida street address ll be identical. Or, in the case change(s) was/were authorize as otherwise provided in the atompany.	of the registered office
Aaron I Fleischman			
(Printed or typed name of signee)			
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered as sof all statutes relative dates and statutes relative discount in the discount of the control of the	gent and agree to act in this co e to the proper and complete p s of my position as registered filed to merely reflect a chang y company has been notified i	ipacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.
(Signature of Registered Agent)	ue		
/ Divisio	on of Corporations, P.	O. Box 6327, Tallahassee, FI	_ 32314

FILING FEE: \$25.00

INH\$18(10/99)