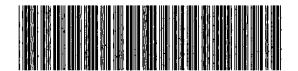
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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 738 Lincoln Road, LLC	
(Name o	of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Michael A. Commo	
Michael A. Comras (Name of Person)	
738 Lincoln Road, LLC	
(Firm/Company)	
407 Lincoln Road - Suite 9F	
(Address)	
Miami Beach, Florida 33139	
(City/State and Zip Code)	
For further information concerning this matt	ter, please call:
Brenda O'Campo (Operations Manager)	at (305) 532-0433
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:
\$25 Filing Fee	\$1 \$55 Filing Fee & Certified Conv

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. Na	me of the limited liability company: 738 Lincoln	Road, LLC	•
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	7: 407 Lincoln Road Suite 9F Miami Beach, Florida 33139	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	407 Lincoln Road Suite 9F Miami Beach. Florida 33139	⊕ 93
5/1/08 3. Da		L04000065340	77 77 20
5. (a)	Registered Agent and Registered Office shown on	2: 41	41.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.
	Registered Agent: Registered Office Address:	A425 Ponce De Leon Blvd. 4th Floor Coral Gables. Florida 33146	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:	
	NEW Registered Agent:	Michael A. Comras	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	407 Lincoln Road Suite 9F Miami Beach ,FL 33139	
that a office hereb liabili limite (Signate Printe)	limited liability company is not organized under the fter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cry confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of diability company. The of a member or sufficient representative of a member) The A. Comras of or typed name of signee) The by accept the appointment as registered agent and all the provisions of all statutes relative to the pro-	at address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limit of organization or the operating agreement of the	ed
am fa F.S. (confir	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pro miliar with and accept the obligations of my position Or, if this document is being filed to merely reflect a m that the limited liability company has been notified	oper and complete performance of my agues, and as registered agent as provided for in Chapter 6 change in the registered office address, I hereby I in writing of this change.	08,

(Signature of Registered Agent)