-L040000)92257

 	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

SEP -7 2011

EXAMINER

Office Use Only



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ZOUI SEP -6 PM J: 02 SECRETARY OF STAFF.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	7744 COMMERCE PARK, LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence c	oncerning this matter to the following:
CARLOS RODI	RIGUEZ TE S
Name of Person	SEP -6 AHASSEE
Firm/Company	OF STATE
7035 GLENEAGL	.E DRIVE
Address	
MIAMI LAKES, F	
carlosrodbarr@ya	ahoo.com nual report notification)
For further information concerning	g this matter, please call:
CARLOS RODRIGUE	
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDI Registration Section	RESS: MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for th	e following amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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. Name of the limited liability company:	744 COMMERCE PARK, LLC
2. (a) Principal office address of limited liability compa	ny: 7035 GLENEAGLE DRIVE
(Note: MUST BE STREET ADDRESS)	MIAMI LAKES, FL 33014
(b) Mailing address of limited liability company:	7035 GLENEAGLE DRIVE
(Note: MAY BE POST OFFICE BOX)	MIAMI LAKES, FL 33014
12/21/2004	L04000092257
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:
Registered Agent:	LUIS F. DE LA CRUZ, JR.
Registered Office Address:	2 ALHAMBRA PLAZA, SUITE PH 2-C CORAL GABLES, FL 33134
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7035 GLENEAGLE DRIVE MIAMI LAKES TOUR STATE OF THE STATE
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability compa	Florida street address of the fegistered office ntical. Or, in the case of a Horida finited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization
Signature of a nember or authorized representative of a member	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar to be address. I hereby confirm that the limited liability compand I am familiar with the second second and the second secon	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office my has been notified in writing of this change.
Division of Corporations, P.O. Box of FILING FEE:	·