## LO4000093739

(Requestor's Name)					
(Àddress)					
(Address)					
(City/State/Zip/Phone #)					
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(Document Number)					
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

. . .

Pursuant to the provisions of sections 605.0114 or 605.0116, 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	ame of the limited liability company: MARPEC INVE	ESTMEN'	TS, LLC		
2. (a)	· · · · · · · · · · · · · · · · · · ·	ſ	b)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	3310 Mary Street Suite 302		3310 Ma	ry Street Suite 302	
	Coconut Grove, FL 33133		Coconut	Grove, FL 33133	
	<u>_12/28/2004</u>		L0400009	93739	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
.). (a)	Registered Agent and Registered Office shown on the records of	of the Florid	la Dept. of Sta	te:	
	MARTIN, PEDRO A			-	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	3310 MARY STREET Suite 302			3 6	
	COCONUT GROVE	33133			
	··	·			
(b)				_ 2 4	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ac	ddress:		
	Corporation Service Company			J.	
	NEW Registered Office Address:				
	1201 Hays Street				
		_		_	
	Tallahassee F	L32301		_	
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited laste authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registere lability co of the lin	ed office ar ompany, it i nited liabilit	nd the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in	
	ture of a member or authorized representative of a member	JILI	L CILMI, AU	JTHORIZED PERSON	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I d in writing of this change.	ree to act 2 perform ed for in ( hereby co	t in this cap ance of my Chapter 602 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signator	Maca C-Kubly re of Registered Agent	GRACE	E. KIRBY,	ASST. VICE PRESIDENT	
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