

L050000000 360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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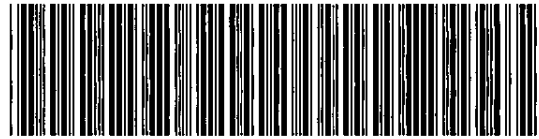
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CLA SOUTH, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARYANN MERCOGLIANO

(Name of Person)

(Firm/Company)

18001 COLLINS AVE. / SUITE 601

(Address)

SUNNY ISLES BEACH, FL 33160

(City/State and Zip Code)

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For further information concerning this matter, please call:

MARYANN MERCOGLIANO at (631) 665-0660  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the 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: CLA SOUTH, LLC

2. (a) Principal office address of limited liability company: 52 ADMIRALS DRIVE EAST  
 (Note: **MUST BE STREET ADDRESS**) WEST BAYSHORE, N.Y. 11706

(b) Mailing address of limited liability company: S/A  
 (Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida: 12/30/2004

4. Document number: LO500000036

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of  
 Registered Agent: THE FIRM REAL ESTATE INVESTMENT CORP  
 Registered Office Address: 1304 BARRINGTON CIRCLE  
ST. AUGUSTINE, FL  
32092

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** MARYANN MERCOGLIANO  
**NEW Registered Office Address:** 18001 COLLINS AVE./SUITE 601  
**(MUST BE FLORIDA STREET ADDRESS)** SUNNY ISLES BEACH, FL 33160

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 TALLAHASSEE FLORIDA

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

*Laura Mercogliano*  
 (Signature of a member or authorized representative of a member)

Laura Mercogliano  
 (Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

*Maryann Mercogliano*  
 (Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
 FILING FEE: \$25.00