## L05000006118

(Re	equestor's Name)	
(A	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(В	usiness Entity Name)	
(D	ocument Number)	
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Special Instructions to	Filing Officer:	
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ACCOUNT NO. : 072100000032 REFERENCE : 4322524 AUTHORIZATION' COST LIMIT : \$ 25.00 ORDER DATE: January 21, 2005 ORDER TIME : 4:42 PM ORDER NO. : 158145-005 CUSTOMER NO: 4322524 CUSTOMER: Anna Krimshtein, Esq Katz Barron Squitero & Faust 7th Floor 2699 South Bayshore Drive Miami, FL 33133 CHANGE OF AGENT NAME: BISCAYNE SUPERCENTER, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER:

STATEMENT OF	CHANGE OF REC BOTH FOR LIM		FICE OR REGISTER ITY COMPANY	RED AGENT OR
Pursuant to the provisic liability company submit agent, or both, in the Sta	ons of sections 608 ts the following stat te of Florida.	3.416 or 608.508 tement in order t	, Florida Statutes, the to change its registere	undersigned limited d office or registered
1. The name of the limit	ed liability company	y is: BISCAYNE	SUPERCENTER, LLC	mo 3 s
2. The mailing address of	of the limited liabilit	ty company is: _		F. S. G.
4815 Avenue N, Br	cooklyn, NY 11234	1		<u> </u>
January 19, 2005		_	L05000006118	
3. Date of filing/registra	tion in Florida		4. Document number	
5. The name of the regist Florida Department of		registered office a	ddress as shown on th	e records of the
		Corpco, Inc.		TAI S
		Name		EC)
	2699 S. Ba	yshore Drive,	7th Floor	FEB PEB AHA
		Address		ASS -
		iami, FL 33133		
6. The name and address		City, State and Zip ed agent and/or of		OPH 5: 04 YOF STATE
	Corporal	tion Service C	ompany	RATE OF
		Name		
	120	01 Hays Street		
	Florida street add		OT acceptable)	-
	Tallahassee		32301	
	Cit	ty, State and Zip		
If the limited liability corconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limite of a member or author of a member or author	hange or changes are the registered agent reby confirmed that deliability company of the limited liability.	re made, the Flori it will be identical the change(s) wa or as otherwise p ty company.	da street address of the l. Or, in the case of a las/were authorized by	e registered office Florida limited an affirmative vote of
	<b>.</b>	•		
Erica English, Autho (Printed or typed name of signee)		tive	·	
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	2 Vanuer	1		y. I further agree to nance of my duties, as provided for in e registered office ing of this change.
(Signature of Registered Agent)	Michelle R. Vann	dy, Asst. Vice	: Pr <b>e</b> sident	

FILING FEE: \$25.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)