(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) Certified Copies _____ Certificates of Status ___ Special Instructions to Filing Officer: Office Use Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 26, 2006

ADRIANA GOODWIN 1200 WEST AVENUE, #1026 MIAMI BEACH, FL 33139

SUBJECT: PROFORMA REAL ESTATE SOLUTIONS, LLC

Ref. Number: L05000015158

We have received your document for PROFORMA REAL ESTATE SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to change the Registered Abent information for this Limited Liability Company, the form submitted is 包含 Corporation.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 806A00028739

COVER LETTER

Division of Corporations	
SUBJECT: Proforma Real Estate Solutions, UC (Name of Corporation)	
DOCUMENT NUMBER: <u>L 05000 15158</u>	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Adriana Goodwin (Name of Contact Person)	
(Name of Contact Person)	
(Firm/Company)	
(Firm/Company) 1200 West Avenue, #1026 (Address) Miami Beach, FL 33139 (City/State and Zip Code)	FILED
(Address)	$\overline{\mathbf{u}}$
Miami Beach, FL 33139 (City/State and Zip Code)	
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For further information concerning this matter, please call:	
Todd Goodwin (Name of Contact Person) at (305) 672-6900 (Area Code & Daytime Telephone Number)	
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Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

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. The name of the limited liability company is:	rotorma Rea	1 Estate	Solution:	
2. The mailing address of the limited liability com	pany is: 200 We	st Avenue	#1026	
	Miani Be	each FL3	3139	
2/15/05 3. Date of filing/registration in Florida	L050	L050000 15 158 4. Document number		
5. The name of the registered agent and the register Florida Department of State: Corporation 1 201 Hays Tallahassee City, St	Service Comp		2006 HAY 12	
1200 West Florida street address (Miami Beach	na Goodwin me Avenue #102 P.O. Box NOT acceptab	<u></u>	ANID: 13	
If the limited liability company is not organized un confirmed that after the change or changes are made and the business office of the registered agent will liability company, it is hereby confirmed that the confirmed tha	le, the Florida street add be identical. Or, in the change(s) was/were author as otherwise provided it company.	lress of the registe case of a Florida orized by an affin	ered office limited mative vote	
Adviona L. Godoin (Printed or typed name of signee) I hereby accept the appointment as registered age comply with the provisions of all statutes relative t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of the confirmation of the co		is capacity. I fur ete performance of red agent as prov ange in the regist ied in writing of t	ther agree to of my duties, vided for in tered office his change.	
(Signature of Registered Agent)				

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