Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000252392 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

: LAMONT NEIMAN & INTERIAN, P.A. Account Name

Account Number : 120000000051

: (305)530-9400

Fax Number

: (305)530-9409

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Carmelina Marmo@hotmail.com Email Address:

LLC REGISTERED AGENT CHANGE COSTAMAR BRICKELL L.L.C.

Certificate of Status Certified Copy 1 Page Count 01 Estimated Charge \$60.00

C. LEWIS OCT 1 9 2012.

EXAMINER

8

Electronic Filing Menu

Corporate Filing Menu

Help

(((H12000252392 3)))

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.

| agent, or both, in the State of Florida. | | |
|---|--|---------------|
| 1. Name of the limited liability company:CC | STAMAR BRICKELL L.L.C | |
| 2. (a) Principal office address of limited liability company | y: 5311 SW 173rd Avenue | |
| (Note: MUST BE STREET ADDRESS) | Miramar, FL 33029 | _ |
| (b) Mailing address of limited liability company: | | |
| (Note: MAY BE POST OFFICE BOX) | | |
| March 21, 2005 | L05000027966 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: | า |
| Registered Agent: | Fatima Jardin Da Costa | |
| Registered Office Address: | 5311 SW 173rd Avenue | <u> </u> |
| | Miramar, FL 33029 | 무돐 |
| | | 2000 |
| (b) Enter name of NEW Registered Agent and/or NE | | ORPORATION |
| NEW Registered Agent: | Silvana Salvioli | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1725 Main Street Suite 211 | |
| | Weston ,FL 33029 | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative yet. | 'e |
| Nicolina C. Marmo Printed or typed name of signee | - | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prant I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filled to me address, I hereby confirm that the limited liability company | igree to act in this capacity. I further agree oper and complete performance of my dutiensition as provided for in the registered agent as provided for in the registered office y has been notified in writing of this change | to s, s |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 3))) FILING FEE: \$25.00

(((H12000252392 3)))