## L0-5000028/26

(Requestor's Name)			
(Address)			
(Address)			
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			





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BIVISION OF CORPORATIONS
OF APR 14 PN 12: 52

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Biltmore Commercial Plaza (Name of I	A, LLC Limited Liability Company)	
Dear Sir or Madam:	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning		
Joseph A. Porrello (Name of Person)		
Joseph A. Porrello, P.A. (Firm/Company)	06 APR 14 PM 12: 53	
P.O. Box 450249 (Address)	M 12: 53	
Miami, Florida 33245		
For further information concerning this matt	er, please call: at ( 305 ) 374-0092	
(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	g amount:	
	\$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. The name of the limited liability company is	Biltmore Commercial Plaza, LLC	<u> </u>
2. The mailing address of the limited liability c	ompany is : 12450 Northwest	South River Drive
Miami, Florida 33178		· · · · · · · · · · · · · · · · · · ·
March 22, 2005	L05000028126	
3. Date of filing/registration in Florida	4. Document n	umber
5. The name of the registered agent and the regi Florida Department of State: MIGUEL A. JIMEN		n on the records of the
MIGOEL A. SIMEN	Name	_
12450 NORTHWES	T SOUTH RIVER DRIVE	
<del></del>	Address	
MIAMI FL 33178		<b>8</b> ₹
City, State and Zip		- A
6. The name and address of the new registered agent and/or office:		SECRETARY SECRETARY OF APR 14
Joseph A. Porrello, Esq.		- P 22
	Name	PM 12: 53
2929 Southwest Third		22 22
Florida street addres	s (P.O. Box <b>NOT</b> acceptable)	) 33 OHS
Miami	FL 33129	
City, S	State and Zip	<del></del>
If the limited liability company is not organized confirmed that after the change or changes are nand the business office of the registered agent while liability company, it is hereby confirmed that the offithe members of the limited liability company or the operating agreement of the limited liability.	nade, the Florida street addres ill be identical. Or, in the cas e change(s) was/were authorize or as otherwise provided in to y company.	ss of the registered office
Signature of a member or authorized representative of a memb	er)	
MIGUEL A. JIMENEZ, JR.		
(Printed or typed name of signee)		
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, E.S. Or if this afficument is being address, I hereby confirm that the limited liability	gent and agree to act in this of the proper and complete is of my position as registered filed to merely reflect a changly company has been notified	capacity. I further agree to performance of my duties, I agent as provided for in age in the registered office in writing of this change.
(Signature of Registered Agent)  Division of Corporations P.	O Roy 6327 Tallahassoa F	T 2221 <i>A</i>

**FILING FEE: \$25.00**