10500031851

(Re	equestor's Name)			
(Address)				
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·		
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



000239523100



09/13/12--01027--004 **25.00

SEAL AND SEEL FLORID

318

T. CLINE SEP 14 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	· · · · · · · · · · · · · · · · · · ·	SE REA			GROUP, LLC		
	Name	n Lilling	u Liadi	my Co	прапу		
Dear S	Sir or Madam:						
The en	nclosed Registered Agent/Registered	d Office	Change	e and fe	ee(s) are submitted fo	r filing.	
Please	e return all correspondence concerni	ng this m	atter to	the fo	llowing:		
	Barry Brant						
	Name of Person						
	BAYBRIDGE REAL ESTATE GR	ROUP, L	LC				
	Firm/Company						
	200 SOUTH BISCAYNE BLVD,	6th Floo	or			24	
	Address					> 20 31.00	4
	Miami, FL 33131					33	تت
 -	City/State and Zip Code	-		_		2. dm	
						α>	75
	bbrant@bpb.com						% Un
E-	-mail address: (to be used for future annual repo	rt notification	on)			127 (1) 1 127 (1) 1	نـــ
For fu	orther information concerning this ma	atter, ple	ase cal	l:			
	Barry Brant	at (_	305)	377-7000		
	Name of Person			Area Co	de & Daytime Telephone N	umber	
	STREET/COURIER ADDRESS:		M	AILINC	G ADDRESS:		
	Registration Section	Registration Section					
	Division of Corporations	Division of Corporations					
•	Clifton Building	P.O. Box 6327					
	2661 Executive Center Circle Tallahassee, Florida 32301		Tal	llahasse	e, Florida 32314		
	Enclosed is a check for the follow	ving amo	ount:				
	\$25 Filing Fee		□ s	55 Filir	ng Fee & Certified Co	nv	

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. Nan	ne of the limited liability company:BAYBRID	GE REAL ESTATE (<u> 3RO</u>	UP, L	LC_
2. (a)	Principal office address of limited liability company	/: 200 SOUTH B	ISCA	YNE E	3LVD
	(Note: MUST BE STREET ADDRESS)	6 Floor Miami, FL 33131			
(b)	Mailing address of limited liability company:	200 SOUTH BIS	CAY	NE BL	VD
	(Note: MAY BE POST OFFICE BOX)	6 Floor Miami, FL 33131			
3. Date	e of filing/registration in Florida	4. Document number			
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida D)ept . o	f State	:
	Registered Agent:	GREENBERG, ADAM J	L		
	Registered Office Address:	200 SOUTH BISCAYNE 6 Floor Miami, FL 33131	E BLV	<u>′D</u>	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office addre	ess:	2112	
	NEW Registered Agent:	Barry M Brant	<u> </u>	<u> </u>	** * * · ·
	<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	200 SOUTH BISCAYN 6 Floor Miami	EBLV EX,F	/D- L33313	31: 3
	imited liability company is not organized under the ned that after the change or changes are made, the Fe business office of the registered agent will be idently company, it is hereby confirmed that the change(s members of the limited liability company or as other operating agreement of the limited liability company. To a member or pathorized representative of a member	laws of the State of Florida lorida street address of the ical. Or, in the case of a Fl was/were authorized by an wise provided in the article	in is here in the second secon	nereby red of limited mative rganiza	fice l vote ation
Printed	Barry M Brant, MGR	_			
	by accept the appointment as registered agent and a with the provisions of all statutes relative to the prime familiar with and accept the obligations of my point of the prime familiar with and accept the obligations of my point of the confirmation of the limited liability compans. I hereby confirm that the limited liability compans.	gree to act in this capacity. Oper and complete perform Sition as registered agent Trely reflect a change in the Y has been notified in writir	I fur ance o is prov regist ng of t	ther ag of my d vided fo ered of his cha	ree to uties, or in ffice inge.

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

Signature of Registered