L0500032173

(Danish da Nasa A		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, ,		
(Document Number)		
(Document (Manuser)		
Contillad Conins		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



900070300019

04/14/06--01086--010 **25.00

INTIGION OF CORPORATIONS
OF APRILL PHIZ: 53

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Wickham Plaza, LLC (Name	of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
Joseph A. Porrello	
(Name of Person)	
Joseph A. Porrello, P.A.	06 APR 14 PM 12: 53
(Firm/Company)	
P.O. Box 450249	PM 12:
Miami, Florida 33245	53 E
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this m	atter, please call:
Joseph A. Porrello	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 follow	ving amount:
✓ \$25 Filing Fee	\$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.

agent, or both, in the chare of Frontia.		
1. The name of the limited liability company is	: Wickham Plaza, LLC	
2. The mailing address of the limited liability c	ompany is : 12450 Northwest South Ri	iver Drive
Miami, Florida 33178		
April 1, 2005	L05000032173	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered Department of State:	stered office address as shown on the	records of the
MIGUEL A. JIMEN	IEZ, JR .	
***	Name	a 🖫
12450 NORTHWES	T SOUTH RIVER DRIVE	OS APR 14
MANUEL 00470	Address	70 25
MIAMI FL 33178	, State and Zip	F 87.
6. The name and address of the new registered a		PM 12: 53
J		2: 5
Joseph A. Porrello,	· · · · · ·	33 25
2929 Southwest Third	Name d Avenue, Suite 320	
	ss (P.O. Box NOT acceptable)	
Miami	FI. 33129	
City, S	State and Zip	_
If the limited liability company is not organized confirmed that after the change or changes are n and the business office of the registered agent w liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability.	nade, the Florida street address of the vill be identical. Or, in the case of a F e change(s) was/were authorized by a	registered office Florida limited an affirmative vote
(Signature of a member or authorized representative of a memb	oer)	
MIGUEL A. JINTNEZ, 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, F.S. Or if this document is being address, I hereby confirm that the limited liability.	gent and agree to act in this capacity is to the proper and complete perform is of my position as registered agent of filed to merely reflect a change in the ty company has been notified in writi	I further agree to vance of my duties, as provided for in eregistered office ing of this change.
(Signature of Registered Agent)		
Division of Corporations P	O Roy 6327 Tallahassee EL 3231	14

FILING FEE: \$25.00