## L05000032961

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(Business Entity Name)
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## 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

tiability company submit agent, or both, in the Stat	s the following stateme e of Florida.				
1. The name of the limite		· · · · · · · · · · · · · · · · · · ·		ICZONG JAN 17	
2. The mailing address o	f the limited liability co	ompany is : <u>701</u>	Brickell Ay	enue suite	3000 :
Miami, Florida				- THE STEE	FLORIDA
4/4/2005		L	5000032961	<u> </u>	
3. Date of filing/registrat	ion in Florida	4. Do	ocument numb	per	
5. The name of the registor Florida Department of	State:			the records of t	he
-	Intrastate Regi	stered Agent C	orporation		
		Name		-	
	701 Brickell Av		00	* •====================================	-
		Address	_		
	Miami, Florida	State and Zip	-	• ••	
	•	•			
6. The name and address of	of the new registered ag	gent and/or office:			_
	Jorge Mario Sol	ares			
•	٨	Name			
	2424 North Fede				
	Florida street address	(P.O. Box <b>NOT</b> a	.cceptable)		
	Boca Raton	FL 33431		·	
	City, St	tate and Zip			
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreemen	tange or changes are mathe registered agent will eby confirmed that the industrial distribution of the limited liability	ade, the Florida str Il be identical. Or, change(s) was/wer or as otherwise pro- company.	eet address of in the case of	the registered of	ffice d
(Signature of a member or full boris	77'	7)			
Jorge Mario Solares	5			·p' 34	
(Printed or typed name of signce)  I hereby accept the appoint of the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirms	nunent as registered ag of all statules relative laccept the obligations is document is being fi that the limited liability	ent and agree to a to the proper and of my position as led to merely refle company has bee	ct in this capa complete perf cegistered age ct a change in n notified in w	city. I further a ormance of my b ent as provided f the registered o writing of this ch	gree to luties, or in office inge
_address, I hereby confirm	mai ine iimiiea iiabiiity h	r company nas beet	n notijiea in w	riting of this cho	ınge.

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

(Signature of Registered Agent)