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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DD6 1000 BCC. (Name of Limited)	Kell UC d Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
XOChIH Alvarez (Name of Person)		
DIUKA Development	GOUP, Inc.	SECRET
1000 Brickey art - SU	Itas 36	ರ್_n
Miam, FL 32131 (City/State and Zip Code)		. IN ALLONS
For further information concerning this matter, ple	ase call:	
XOChill Alvare2 at (2) (Name of Person)	(Area Code & Daytime Telephone N	(umber)
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 amo	ount:	
\$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 state of 1 tortaa.	
1. The name of the limited liability company is: DD61000 Brickell, L	LC
2. The mailing address of the limited liability company is: 1000 Brickell 0	ve.
Suite 925, Miami, FL 33/31	
3/12/07 105000033610	
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records Florida Department of State: Name 2731 = Xeative Park Drive Address Woston, Fl. 33331 City, State and Zip 6. The name and address of the new registered agent and/or office: 1000 Prickoll ave Suite 935 Florida street address (P.O. Box NOT acceptable)	S
11:ama 22121	
City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is he confirmed that after the change or changes are made, the Florida street address of the registere and the business office of the registered agent will be identical. Or, in the case of a Florida line liability company, it is hereby confirmed that the change(s) was/were authorized by an affirm of the members of the limited liability company or as otherwise provided in the articles of orgor the operating agreement of the limited liability company.	ed office nited
(Signature of a member or authorized representative of a member)	
Y JAVIER CUMPRO J (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent as provide Chapter 608, F.S. Or if this document is being filed to merely reflect a change in the register address. I hereby confirm that the limited liability company has been notified in writing of this (Signature of Registered Agent).	er agree to my duties, led for in red office s change.

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