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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Tiara Unit 16B LLC (Name of L	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Mitchell Frank		
(Name of Person)		
Tiara Unit 16B LLC		
(Firm/Company)		
4600 N. Ocean Dr #604		
(Address)		
Singer Island FL 33404		
(City/State and Zip Code)		
For further information concerning this matter	er, please call:	
Mitchell Frank	at (561) 601-3700	
(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 followin	ng 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 limite	d liability company is	Tiara Unit 16B LLC	
2. The mailing address of	f the limited liability c	ompany is: 4600 N. Ocean Dr #604	
Singer Island FL 33404			
			·,
04/25/2005		L05000040108	
3. Date of filing/registrat	ion in Florida	4. Document numbe	r
5. The name of the register Florida Department of		stered office address as shown on t	he records of the
-	Mitchell Frank		
		Name	
	641 Inlet Rd		
Address			For S and
North Palm Beach FL 33408 City, State and Zip			ES 3
c 1001	•	•	到
6. The name and address	of the new registered a	agent and/or office:	SS P
•	Mitchell Frank		TALLAHASSEE FLORIC
		Name	FLYST
	4600 N. Ocean Dr #6	604	经日
	Florida street addres	ss (P.O. Box NOT acceptable)	P
	Singer Island FI 33404	FL	
	City,	State and Zip	
confirmed that after the cland the business office of liability company, it is he	hange or changes are in the registered agent we reby confirmed that the nited liability company of the limited liability.		he registered office a Florida limited y an affirmative vote
Mitchell Frank			
(Printed or typed name of signee)			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if a address, I hereby confirm	intment as registered in sof all statules relation of all statules relation discounted in the limited liabil	agent and agree to act in this capa ve to the proper and complete perfo ns of my position as registered age filed to merely reflect a change in ity company has been notified in wi	city. I further agree to ormance of my duties, on as provided for in the registered office riting of this change.

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