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From:

Division of Corporations

Fax Number : (850)205-0380

Account Name : GREENSPOON MARDER, P.A.

Account Number : 076064003722

Phone : (407)422-6683

Fax Number

: (954)343-6962

RAYSTON OF CORPORATION

## REGISTERED AGENT CHANGE

### **BRAVO SOUTHWEST LLC**

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T-402 P002/002 F-527

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608. iability company submits the following state igent, or both, in the State of Florida.	416 or 608.508, Florida Statutes, ement in order to change its regist	the undersigned limited ered office or registered
. The name of the limited liability company	is: BRAVO SOUTHWEST LLC	***************************************
. The mailing address of the limited liability	company is: 11352 N.W. 9th Str	eet
Plentation, Florida 33325		
May 10, 2005	L05000046573	
Date of filing/registration in Florida	4. Document number	
The name of the registered agent and the re Florida Department of State:	egisteted office address as shown or	i the records of the
Alan B. Cohn		
2021 Tylor Stron	Name nt	
2021 Tyler Stree	Address	
Hollywood, Flori		75 SAT
	ity, State and Zip	7 1
i. The name and address of the new registere		O7 JUL 27 SECRETAT
Alan B. Cohn		$\sigma \simeq$
40014	Name	
	ss Creek Road, Suite 700	ਜੁੱਕ <b>ਕ</b> ਇ
Florida street add	ress (P.O. Box NOT acceptable)	TATE ORID
Fort Lauderdale	FL 33309	7 AG
Cit	y, State and Zip	
f the limited liability company is not organize on firmed that after the change or changes and the business office of the registered agentiability company, it is hereby confirmed that if the members of the limited liability compart the operating agreement of the limited liability comparts the operating agreement of the limited liability comparts.  Signalure of a mather or authorized representative of a member o	e made, the Florida street address of t will be identical. Or, in the case of the change(s) was/were authorized any or as otherwise provided in the fility company.	f the registered office f a Florida limited by an affirmative vote
Vancy Bravo		
Printed or typed name of signce)		,
I hereby accept the appointment as registere tomply with the provisions of or statutes relained i amfamiliar with and accept the obligate hapten 508, F.S. Or stills accument is believed to the confirmation of the limited liab	d agent and agree to act in this cap tive to the proper and complete per jons of my position as registered ag ng filed to merely reflect a change in hility company has been notified in t	acity. I further agree to formance of my duties, ent as provided for in n the registered office writing of this change.
Signature of Registered Agent)		
Division of Corporations.	P.O. Box 6327, Talishasseo, FL	32314

FILING FEE: \$25.00

INHS18 (8/05)