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(Re	questor's Name)				
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COVER LETTER

Division of Corporations				
SUBJECT: Laurence 1231 Holdings, I	LLC Limited Liability Company)			
(Name of I	Elimited 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 matter to the following:			
Linda C. Kerr				
(Name of Person)	O' TAL			
Genauer & Associates, P.A.	MAY 24 AHASS			
(Firm/Company)				
	AH II: 59 E. FLORIDA			
9400 South Dadeland Blvd., Suite 60 (Address)				
(Address)	DA O			
Miomi El 22156				
Miami, FL 33156 (City/State and Zip Code)				
For further information concerning this matt	er, please call:			
Linda C. Kerr	at (786) 363-4001			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following				
 ★ \$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.

1. The name of the limite	ed liability company is	s: Laurence	1231 Holdings.	LLC		
2. The mailing address of					 21vd	
-	•	company is2	7700 Bouth Dad	oraria 1	JIVU.	19
Suite 600, Miami, Flo)rida 33136					
June 2, 2005 L05000054			L05000054967			
3. Date of filing/registrat	ion in Florida	•	4. Document num	ber		
5. The name of the register Florida Department of	ered agent and the reg	istered office a	ddress as shown o	n the re	cords	of the
	Alhambra R	Legistered Ag Name	ents, Inc.			
	2 Alhamb	ra Plaza, Suit Address	te 1202			
	Coral Gal City	bles, Florida y, State and Zip	33134	SECR TALLA	07 MAY 24	
6. The name and address	of the new registered	agent and/or of	Tice:	CRETAKY	17 24	
	GenLaw Re	gistered Age	nts, Inc.	e uf STATE EE. FLORIDA	景	
	0400 South Da	Name	C:4- COO	15. 1.S.T.	三:5	[]
	9400 South Dad Florida street addre			ATF.	2	*Comments
	i iorida street adare.	33 (1 .O. DOX 14	OT acceptable)	Þ		
	<u>Miami</u>	FL	33156	····		
	City,	State and Zip				
If the limited liability con confirmed that after the cl and the business office of liability company, it is her of the members of the lin or the operating agreement (Signature of a member or author)	nange or changes are in the registered agent we reby confirmed that the nited liability company of the limited liability.	made, the Flori will be identical the change(s) was or as otherwity company.	da street address of l. Or, in the case of as/were authorized	of the report of a Flor by an a	gister ida li affirm	red office mited native vote
Martin J. Genauer, M	anager					
(Printed or typed name of signee)						
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if it address, I hereby confirm	-/ 4	agent and agre ve to the prope ons of my positi g filed to merely lity company ha	e to act in this cap r and complete per on as registered as reflect a change in s been notified in	acity. I forman tent as f in the re writing	furth ce of provid- gister of thi	ver agree to my duties, ded for in red office is change.
(Signature of Registered Agent)	fena	<u></u>				٠.

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