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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: V-A 26, LLC (Name of Limite	ed Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted	d for filing.	
Please return all correspondence concerning this n	natter to the following:		
Jorge E. Blanco, P. A. (Name of Person)	1 .		
(Firm/Company) 140 Ponce de Leon Blvd. # (Address) Coral Gables Flq 3313 (City/State and Zip Code)	202 4	2001 JAN 22 P 12: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
For further information concerning this matter, ple			
Cary or Yami at ((Name of Person)	<u>305</u>) <u>444 - 00 4</u> (Area Code & Daytime	Telephone Nu	mber)
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 am	ount:		
\$25 Filing Fee	\$55 Filing Fee & Certified	d Copy	

INHS18 (8/05) -

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 limited liability company is: 1/-A 26 26 242. The mailing address of the limited liability company is: 1669 N.E. 196 5treet. North Miami Beach, Fla 33179 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Name

Name

1669 N. E. 196 Street

Address

North Miami Beach, Fl 33179

City, State and Zip 6. The name and address of the new registered agent and/or office: Name
1401 fonce de Leon Blvd. #202
Florida street address (P.O. Box NOT acceptable) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member of authorized representative of a member) (Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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