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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

Division of Corporations		
SUBJECT: Corporate & Real Estate Law G	Group, PL ted Liability Company)	
(Name of Limit	ed Diability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Beth A. De Santo, Esq.		
(Name of Person)		
Law Offices of Beth A. Di Santo, Esq.  (Firm/Company)	07 07 07 07 07 07 07 07 07 07 07 07 07 0	
(TimeCompany)	O7 MAY 30	
555 Washington Avenue, Suite 200	30 cg	
(Address)		
Miami Beach, Florida 33139	OT MAY 30 PM 1: 42	
(City/State and Zip Code)	2 ×	
For further information concerning this matter, p	lease call:	
Beth A. Di Santo, Esq. at	(305) 479-2616	
(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 following ar	mount:	
\$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 limited liability company is	: Corporate & Real Estate Law Group, PL
2. The mailing address of the limited liability co	
	ompany is .
Miami Beach, Florida 33139	
6/15/05	L05000060412
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered agent ag	stered office address as shown on the records of the
Beth A. DeSanto, B	≣sq
	Name
1680 Michigan Aven	
Miami Pasah, Florida	Address
Miami Beach, Florida City	State and Zip
6. The name and address of the new registered a	0-1-
	o con
Change both New REGISTERED OFFICE: 555 WASI	HINGTON AVENUE, SUITE 200, MIAMI BEACH, FL 33139
Registered Office 3x	Name : 33
Change both  Registered Office 3 **  Registered Agent Florida street address	HINGTON AVENUE, SUITE 200, MIAMI BEACH, FL 33139  Name TO, ESQ 555 WASHINGTON AVENUE, SUITE 200, MIAMI BEACH, FL 33139  S (P.O. Box NOT acceptable)
1 Tortua street address	s (1.0. box NOT acceptable)
	FL
City, S	State and Zip
If the limited liability company is not organized confirmed that after the change or changes are n and the business office of the registered agent w liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability.  (Signature of a member or authorized representative of a member or authorized representative of a member of a me	
•	
Beth A. De Santo (Printed or typed name of signee)	
• • • • • • • • • • • • • • • • • • • •	igent and agree to act in this capacity. I further agree to e to the proper and complete performance of my duties, is of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change.

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

(Signature of Registered Agent)