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PICK-UP WAIT MAIL				
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EXAMINER

Law Offices Alexandra de la Asuncion, P.A. 2333 Brickell Avenue Suite A-1 Miami, Florida 33129 Tel: 305-531-0560

Fax: 786-228-3991

February 27, 2008

Via US Mail

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Registered Agent Change of Address

To Whom It May Concern:

Enclosed please find the Cover Letter and Statement of Change of Registered Office for the below mentioned limited liability company, as well as, check number 1439 in the amount of \$75.00 as filing fee for Registered Office Change. Please apply the following amount as follows:

\$25.00 filing fee for Biscayne Holding 3553, LLC.

\$25.00 filing fee for Miami Bayside Group, LLC.

\$25.00 filing fee for Portico MMC, LLC.

Thank you for your time and attention to this matter. Should you have any question please contact our office at (305) 531-0560.

Very Truly Yours,

Vanessa C. Ojeda

Legal Assistant to Alexandra de la Asuncion, Esq.

Encl.

COVER LETTER

Division of Corporations		
SUBJECT: Biscayne Holdings 3553, LLC (Name of Lin	nited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are sub	mitted for filing.
Please return all correspondence concerning th	is matter to the following:	
Alexandra de la Asuncion, Esq.		
(Name of Person)		
Law Offices of Alexandra de la Asuncion (Firm/Company)	<u>.</u> .	
2333 Brickell Avenue, Suite A-1		ZOOO
(Address)		2000 MAR -3 SECRETARY ALLAHASSE
Miami Florida 33129		SSET -3
(City/State and Zip Code)		PHI2:
For further information concerning this matter,	please call:	PH 12: 38 OF STATE OF LORIDA
Alexandra de la Asuncion	at (305) 531-0560	
(Name of Person)		ytime 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 Corporation P.O. Box 6327 Tallahassee, Florida 32.	ns
Enclosed is a check for the following	amount:	
 √ \$25 Filing Fee	☐ \$55 Filing Fee & Ce	ertified Conv

• 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 compan	y is: Bisca	yne Holding	gs 3553, LLC			
2. The mailing address of	f the limited liabili	ty compan	ıy is : <u>3553</u>	3 N.W. 50th Stre	eet, Miami, F	I. 33142	
6/17/05			L0	5000060611			_
3. Date of filing/registration in Florida				4. Document number			
5. The name of the register Florida Department of		registered	office add	lress as shown	on the recor	ds of the	
•	Law Offices of	Alexandra	a de la As	suncion			
		Nam	ne		•		
	16969 NW 67th	Avenue Si	uite 200				
		Addre	ess		•		
	Miami Lakes, Fl.						
		City, State	and Zip	· - · · · · · ·	•		
6. The name and address	of the new register	ed agent a	nd/or offic	ce:			
	Law Offices of A	lexandra	de la Asu	ıncion			
		Name		· -			
	2333 Brickell Ave	nue, Suite	e A-1				
	Florida street ad	dress (P.O	. Box NO	T acceptable)			
	Miami	FL	33129			2	
	Ci	ity, State a	nd Zip		SEC.	900	
If the limited liability con	anany is not organi	ized under	the laws o	of the State of I	Florida Titiis	hereby	2
confirmed that after the cand the business office of liability company, it is he of the members of the in or the operating agreement (Signature of a member of author)	trange of changes a the registered age reby confirmed that nited liability comp at of the limited lia	nt will be at the chan pany or as bility com	identical. ge(s) was/ otherwise	Or, in the case were authorized	of a Florida ed by an affi	a limited fried friends	,
Alexandra de la Asuncion							
(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 address/I hereby confirm	intment as register is of all statutes red d accept the oblig this document is be that the limited lid	red agent a lative to th ations of n eing filed t ability con	and agree he proper d ny position o merely r npany has	to act in this co and complete p as registered eflect a chang been notified i	apacity. I fu erformance agent as pro e in the regi n writing of	irther agree i of my duties ovided for in stered office this change.	o,

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

(Signature of Registered Agent)