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TALLABASSEE FLORIDA

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SECRETARY OF STATE

D. BRUCE

JAN 2 2 2008

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE : 10688

AUTHORIZATION ?

COST LIMIT : \$ 25.00

ORDER DATE : January 21, 2008

ORDER TIME : 4:40 PM

ORDER NO. : 410683-010

CUSTOMER NO: 7147059

CHANGE OF AGENT

NAME: SUNNY ISLES 312, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT	PERSON:	Cindy	Harrıs		EXT#	2937	/
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EXAMINER:

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:	Sunny Isles 312, LLC.
2. The mailing address of the limited liability compa	any is: 1660 SW 32nd Ct.
	Miami, FL 33145.
6 23 2005	LOS 000062632
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registere Florida Department of State:	d office address as shown on the records of the
<u> Leopoldo</u>	<u>lavrena</u>
\(\langle a(a/) \lefta \(\dagma\)	32rd Ct.
Ado	lress
Miami, FU	33145 te and Zip
City, Sta	te and Zip \\ \bar{\bar{\bar{\bar{\bar{\bar{\bar{
6. The name and address of the new registered agent	and/or office: Dana F. Charles
do Dana F. Cl	navles, P.A.
Nam	
2799 NW 2	nd ruenue #113 mg = M
Florida street address (P.	O. Box NOT acceptable)
Boca Ruton F	
City, State	
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will b liability company, it is hereby confirmed that the chof the members of the limited liability company or the operating agreement of the limited liability company.	or the laws of the State of Florida, it is hereby the Florida street address of the registered office the identical. Or, in the case of a Florida limited the ange(s) was/were authorized by an affirmative vote that otherwise provided in the articles of organization
(Signature of a months of authorized matisentative of a momber)	

(Printed or typed name of vience)

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 similar 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

Antoinette