## 10500063402

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SECRETARY OF STATE.

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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 27, 2005

HENRI DE LOUVIER-DAVIS DELOUVIER-DAVIS GROUP, LLC 770 CLAUGHTON ISLAND DR. #1716 MIAMI, FL 33131

SUBJECT: DELOUVIER-DAVIS GROUP, LLC

Ref. Number: L05000063402

We have received your document for DELOUVIER-DAVIS GROUP, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

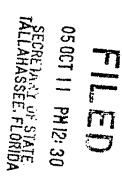
In order to change your registered agent, the new agent must sign specific language accepting the designation. You may either file the enclosed registered agent form for an additional \$25, or you may add such language to your amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 405A00058909



## 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.

•	•		43		
1. The name of the limite	ed liability company is:	DeLou	vier Group	<u> </u>	
<ol> <li>The name of the limite</li> <li>The mailing address on</li> </ol>	f the limited liability co	mpany is: _	770 Claw	ahton I	sland )
Mia	mi Florida	33131			# 17/6
			1050000	063402	
6/22/05  3. Date of filing/registrate	tion in Florida	•	4. Document nun	nber	
5. The name of the registe Florida Department of					s of the
6. The name and address	-	_			
	of the new registered as  Henri Le  770 (Laugh)  Florida street address  MIAMI  City, S				
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement [Signature of a member of authors]	hange or changes are me in the registered agent will reby confirmed that the nited liability company into the limited liability is the liability is t	ade, the Flori Il be identica change(s) wo or as otherwing company.	ida street address of the case as/were authorized se provided in the	of the registe: of a Florida I d by an affirn	red office imited native vote
(Printed or typed name of signee)	L DE LOUVE	ER-DA	tuis		
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 (Signature of Registered Agent)		ent and agre to the prope s of my positi iled to merel y company ho	e to act in this ca r and complete pa on as registered a v reflect a change as been notified in	pacity. I furt erformance of gent as provi in the registe writing of th	her agree to f my duties, ided for in ered office is change.
Divisio	of Corporations P (	D Box 6327	Tallahassee Ff.	32314	

FILING FEE: \$25.00

INHS18 (8/05)