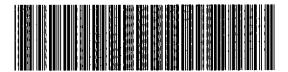
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(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Daving Full Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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2011 JUN 20 PM 12: 57

J. SAULSBERRY EXAMINER

JUN 22 2011

COVER LETTER

Division of Corporations	·		
SUBJECT: 144 NE 84 Prop	ited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted f	for filing.	
Please return all correspondence concerning this	s matter to the following:		
Fares Chandour Name of Person			
144 NE 84 Property, LL	<u>C.</u>		
1852 NE 144th Street Address		2011 JUN 20 SECRETARY TALLAHASSI	****
Worth Miami FL. 3318 City/State and Zip Code	31	20 PM 12: 57 RRY'OF STATE SSEE, FLORID	The second secon
Fares. ghandow @ gapar E-mail address: (to be used for future annual report notified	idis net	RIDA RIDA	
For further information concerning this matter, p	please call:		
Foreo Chandow at	(305) 392-7989 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 a	mount:		
\$25 Filing Fee	\$55 Filing Fee & Certified (Сору	

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. Name of the limited liability company: 144 NE	Suff Globerty Lrc
2. (a) Principal office address of limited liability company	1852 DE 144H Street
(Note: MUST BE STREET ADDRESS)	North Miami, FL 33181
(b) Mailing address of limited liability company:	Same as principal address
(Note: MAY BE POST OFFICE BOX)	
0H/28/2005	20500064043
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Fares Chandour
Registered Office Address:	TUQU NW 54H Street
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Fares Chandour 1852 NE 144 H Street North Miami ,FL 33181
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company), it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed dame of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my perform that the limited liability company. Signature of Registered Agent.	Clorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y. AND SEED PROPERTY Agree to act in this capacity of further agree to act my duties.
Division of Cornerations P.O. Box 6	327 Tallahassee FL 32314

FILING FEE: \$25.00

INHS18 (05/08)