105000074596

(Re	equestor's Name)	
(Ád	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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SECRETARY OF STATE

LOS- 14596



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 12, 2005

STEVE WASERSTEIN 201 SOUTH BISCAYNE BLVD., 34TH FLOOR FERRELL GROUP SERVICES, LLC MIAMI, FL 33131

SUBJECT: TIZIANO, LLC Ref. Number: L05000074596

We have received your document for TIZIANO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 505A00062158.

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: TIZIANO, LLC (Name of	f Limited Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted	for filing.		
Please return all correspondence concernin	ng this matter to the following:			
Steve L. Waserstein (Name of Person)				
Ferrell Group Corporate Service (Firm/Company)	es, LLC			
201 South Biscayne Blvd. 34th F	Floor, Miami Center			
(riduress)				
Miami, Florida 33131				
(City/State and Zip Code)	 	TAKI TAKI		
For further information concerning this ma	tter, please call:	SECRETARY		
Steve L. Waserstein	at (305) 371-8585			
(Name of Person)	(Area Code & Daytime T	elephone 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 follow	ing amount:			
✓ \$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 limit	ed liability company	is: TIZIANO, LLC				
2. The mailing address of	of the limited liability	company is : 4000 Ponce de	Leon B	lvd		_
Suite 470, Coral Gable	es, FL 33146					
07/29/05		L0500007459		-		
3. Date of filing/registra	tion in Florida	4. Document n		 -		
J. Date VI Inng/Tegiona	cion in i forida	4. Document n	unioci			
5. The name of the regist Florida Department of	ered agent and the re State:	gistered office address as show	n on the	records	of the	!
	Pinto Realty C	0.				
	1000 5	Name				
	4000 Ponce de	Leon Bldv. Suite 470				
	Caral Cables F	Address				
	Coral Gables, F	ty, State and Zip		≓co.	i**	
(Th						eder to series
6. The name and address of the new registered agent and/or office:			AET	2005 OCT 2	annuman.	
	Ferrell Group C	orporate Services, LLC	<u>.</u>	SSI	2	ig
	004 O#- Di	Name	. .	HC	<u> </u>	, - i
		ne Blvd. 34th Floor, Miami (E.FLON	<u> </u>	پهومستانه رښاده مصد
	Florida street addi	ess (P.O. Box NOT acceptable))	Z	<u>~</u>	
	Miami	FL 33131		2+ (7) [3)	w	
	City	, State and Zip		_		
confirmed that after the c and the business office of liability company, it is he	hange or changes are the registered agent reby confirmed that nited liability compant of the limited liab		ss of the se of a Fl zed by a	register lorida li n affirm	red offi imited native v	vote
Jorge Pinto, Director (Printed or typed name of signee)						
•••	intment as registered is of all statutes rela id accept the obligat this document is bein that the limited liab	d agent and agree to act in this dive to the proper and complete ons of my position as registered in this diversity filed to merely reflect a changility company has been notified	capacity, perform l agent a ge in the in writir	I furth ance of is provide registe ig of the	ier agr my du ded for red off is char	ree to ties, r in Tice ige.
(Signature of Registered Agent)	10n 13c	half Of Ferrall				
<i>/</i> }		CUT PO14 to SCIUM P.O. Box 6327, Tallahassee, F		1		
DIVISIO	•	1.O. BOX 0327, Tahahassee, F (NC FEF: \$25 00	J. J. J. J.	т		