## LOSEQUOSES 80

	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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## COVER LETTER

<b>FO:</b> Registration Section Division of Corporations			LED
SUBJECT: Prime Inv, LLC		2665 DEC	27 P 2:11
(Name of I	Limited Lia	ability Company) TALLAHAS	RY OF STATE SEE. FLORIDA
Dear Sir or Madam:			
The enclosed Registered Agent/Registered (	Office Char	nge and fee(s) are submitted	for filing.
Please return all correspondence concerning	this matter	r to the following:	
Michael I Bernstein			
(Name of Person)		· · ·	
Michael I Bernstein, P.A.			_
(Firm/Company)			
1680 Michigan Ave, Suite 736			
(Address)			
Miami Beach, FL 33139	-		
(City/State and Zip Code)		<del></del>	
For further information concerning this matt	ter, please o	call:	
Michael I Bernstein	at (305	<sub>)</sub> 672-9544	
(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 following amount:			
<b>✓</b> \$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 of Fegistered agent, or both, in the State of Florida. 1. The name of the limited liability company is: Prime Inv, LLC 2. The mailing address of the limited liability company is: PO Box 402401 Miami Beach, FL 33140 L05000090580 9/14/2005 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Michael I Bernstein, P.A. 8925 SW 148th Street Suite 200 Address Miami, FL 33176 City, State and Zip 6. The name and address of the new registered agent and/or office: Michael I Bernstein, P.A. Name 1680 Michigan Ave, Suite 736 Florida street address (P.O. Box NOT acceptable) City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) ABRAHAM SHAWCSON (Printed or typed name of signee) 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 limited liability company has been notified in writing of this change.

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

(Signature of Registered Agent)