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SECRETARY OF STATE
FACLAHASSEE FROM

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Biscayne Arts, LLC		
		ame of Limited Li	ability Company
Dear Si	r or Madam:		
The enc	losed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.
Please r	return all correspondence concerning	this matter to the f	ollowing:
Louise J	laffe		
	Name of Person	•	
Midgaro	d Management, Inc.		
	Firm/Company		_
1475 W	. Cypress Creek Road, Suite 202		
	Address		_
Fort Lat	uderdale, FL. 33309		
	City/State and Zip Code	:	
LJaffe@)midgardmanagement.com		
E-	mail address: (to be used for future a	nnual report notific	cation)
For furt	her information concerning this matte	er, please call:	
Louise J	Jaffe	954 at (640.0233
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
	Tullimussee, T.E. 52577		Tallahassee, FL 32303
	Enclosed is a check for the following	ng amount:	
	■ \$25 Filing Fee	□ \$ 5	5 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 605.0114 or 605.0116, 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.

office address of limited I office: MUST BE STREET. ale, FL. 33309 of filing/registration in the and Registered Office shous Broad and Cassel are Address (MUST BE at is St. #500)	in Florida	4.		Document number
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent