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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
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SECRETARY OF STATE
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**LLC REGISTERED AGENT CHANGE
540 PROPERTY, LLC**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. BRYAN

JAN 13 2012

EXAMINER

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.416 or 605.508, 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: 540 Property, LLC

2. (a) Principal office address of limited liability company: 1001 Brickell Bay Dr.

(Note: **MUST BE STREET ADDRESS**)

Suite 2406, Miami, FL
33131

(b) Mailing address of limited liability company:

same as above

(Note: **MAY BE POST OFFICE BOX**)

10/20/05

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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:

Law Office of Anibal J. Cortes

Registered Office Address:

Viera, P.A.
370 Miracle Mile
Coral Gables, FL 33134

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

PSM Corporate Services, Inc.

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1001 Brickell Bay Dr. Ste. 2406
Miami, FL 33131

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

Antonio Varela

Printed or typed name of signer

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 relating 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 605, 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.

Signature of Registered Agent

Division of Corporations, P.O. Box 6337, Tallahassee, FL 32314

FILING FEE: \$25.00

DHS12 (05/08)

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