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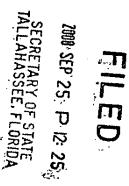
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only



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T. HAMPTON

SEP 2 6 2008

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: CHANGING REGISTERED A CONTRACTOR (Name of Limit	ed Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
Agiel Kaskel (Name of Person)		
(Firm/Company)	· ·	
Bocq Rata, (L 33/33 (City/State and Zip Code)		
For further information concerning this matter, please call:		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount \$25 Filing Fee \$25 Filing Fee \$17 INHS18 (5/08) \$425.00	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Int: \$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. Name of the limited liability company:QMPa_	Cholque 52, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	7200 W. (OMMO Red Suite 302 Boco Retor FL 33833
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Sane
3. Date of filing/registration in Florida	Lo S ow llop 40 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Daniel A. Kuskel, PA.
Registered Office Address:	Bus Roton, PL 33433
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Kodsi Law FIRM, P.A.
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	701 W. Cypiess Creek Road So to 303 Fort Conderdate FL 33309
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member of authorized representative of a member) (Printed or typed name of signee) 1 hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provisions.	et address of the registered office and the business case of a Florida limited limitity company, it is by an affirmative vote of impenerations of the limited of organization or the operating agreement of the
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part familiar with and accept the obligations of my position f.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registered Agent)	n as registered agent as provided for in Chapter 608 change in the registered office address. I hereby ed in writing of this change.

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