L05000\$18393

(Requestor's Name)		
(Address)		
•		
(Address)		
(City/State/Zip/Phone #)		
(=1,7=211.7=1,7=1,7=1,7=1,7=1,7=1,7=1,7=1,7=1,7=1,		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
· · · · · · · · · · · · · · · · · · ·		
Special Instructions to Filing Officer:		
·		
·		

Office Use Only



800136368348

1.05-118393

11/04/08--01050--005 **25.00

On ange AREDETAN OF STATE OF S

N. CAUSSEAUX
NOV 5 2008
EXAMINER



TO:	Registration Section	
	Division of Cornorations	

SUBJECT: Tangurin Regity 4, LLC			
SUBJECT: Tanourin Realty 4, LLC (Name of Limited Liability Company)			
Dear Sir or Madam:			
Dui Sii Vi Madain.			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
JOIAE. R. Salcedo			
Name of Person)			
Diaz Reus & Targ LLP			
(Firm/Company)			
IND S.E. 2nd St. Suite, 21000			
100 S.E. 2nd St. Suite 2000 (Address)			
Mignai El 20101			
MIGMI FL 33131 (City/State and Zip Code)			
Professional and a second of the second of t			
For further information concerning this matter, please call:			
Jorge R. Sqlccdo at (305) 375-9220 (Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32314			
Tallahassee, Florida 32301			
Enclosed is a check for the following 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. Name of the limited liability company:	rin Realty 4, LLC
2. (a) Principal office address of limited liability compa (<i>Note: MUST BE STREET ADDRESS</i>)	ny: 3944 Hawks Ct. Weston, FL 33331
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3944 Hawks Ct. 7 8 8 7 7 7 7 8 7 7 7 7 7 7 7 7 7 7 7
12 12 2005 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown o	LOSO00118393 4. Document number n the records of the Florida Dept. of State 5
	Registered agent Corp. services inc
Registered Agent:	•
Registered Office Address:	355 Alhambra circle suite 801 coral bables, Fl 33134
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address:
NEW Registered Agent:	1st Registered Agent Services INC.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	100 S.E. 2nd St. Suitc 2400 Miami ,FL 33/3
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	eet address of the registered office and the business case of a Florida limited liability company, it is
CAME torbay	
(Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notification.	agree to act in this capacity. I further agree to proper and complete performance of my duties, and I may a registered agent as provided for in Chapter 608, a 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