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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	TIAW	MAIL
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(Do	ocument Number))
Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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PILED 06 DEC 18 PM 12: 00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Majestic Tampa LLC. (Name of I	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Michael Phoung	
(Name of Person)	
Majortia Tampa II C	OG DEC 18 PM 12: 00 SECTE FARY OF STATE FLOWS
Majestic Tampa LLC. (Firm/Company)	
	THE P
35 NE 40th Street, 3rd Fir.	3
(Address)	TATE :: 0
	\$ U
Miami, FL 33137 (City/State and Zip Code)	
(Chy/state and Zip Code)	
For further information concerning this matt	er, please call:
Michael Phoung	at (305) 677-5003
(Name of Person)	(Area Code & Daytime Telephone 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	ng amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

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.

ugent, or both, in the blate of 1 to	n uu.					
1. The name of the limited liabil	ity company is: M	lajestic Tampa L	LC.	<u> </u>		•
2. The mailing address of the lin	nited liability comp	pany is: 35 N	E 40th Street, 3	3rd Flr.		
Miami, FL 33137		•				
01/26/06		LOG	6000008982			_
3. Date of filing/registration in F	lorida	· · · · · · · · · · · · · · · · · · ·	Document nur	mher		
5. The name of the registered age Florida Department of State:					f the	
Sherr	y Pearson					
or Ne		ame				
30 INE	40th Street, 3rd F	dress			0	
Miami	, FL 33137	di Coo		138 138	06 DEC	
		ite and Zip		三	.C	-174
6. The name and address of the new registered agent and/or office:			18 PM 12:00	田田田		
Richar	d Wood			, and a	<u> </u>	
35 NE	Nan 40th Street, 3rd Fl				·: 00	
Florid	la street address (P.	O. Box NOT	'acceptable)			
Miami.	FL 33137 F	Ť				
	City, State				•	
If the limited liability company is confirmed that after the change or and the business office of the regiliability company, it is hereby cor of the members of the limited lial or the operating agreement of the (Signature of a member or authorized representation)	changes are made stered agent will be afirmed that the cha bility company or a finated liability co	e, the Florida se re identical. Cange(s) was/was otherwise r	street address of or, in the case of ore authorized	of the registered of a Florida limi d by an affirmat	l office ited ive vote	;
Jeff Morr						
(Printed or typed name of signee)				•	~	
I hereby accept the appointment of comply with the provisions of all sand I amplian with and accept Chapter 608, K.S. Or, if this docu address, I hereby confirm that the (Signature of Repistered Agent)	is registered agent statutes relative to f the obligations of ment is being filed limited liability co	t and agree to the proper an my position a to merely ref ompany has be	act in this cap d complete pe s registered a lect a change een notified in	vacity. I further rformance of m gent as provided in the registered writing of this c	· agree t y duties, d for in 1 office change.	<i>o</i>
Division of Con	rporations, P.O. B	Box 6327, Tal	lahassee, FL	32314		
	FILING FI		•			

INHS18 (8/05)