## LD6000013496

|                  | (Requestor's Name)       |
|------------------|--------------------------|
|                  | (Address)                |
|                  | (Address)                |
|                  | (City/State/Zip/Phone #) |
| PICK-U           | P MAIL MAIL              |
|                  | (Business Entity Name)   |
| •                | (Document Number)        |
| Certified Copies | Certificates of Status   |
|                  |                          |

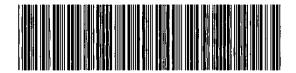
Special Instructions to Filing Officer:

L. SELLERS

FEB 18 2009

**EXAMINER** 

Office Use Only



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02/17/09--01038--006 \*\*25.00

SEMBLANT JAJE ALLAHASSEE FLORIDA

## COVER LETTER

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: ALYX & YEYI, LLC  |   |
|  | f Limited Liability Company)  |
| Dear Sir or Madam:   |   |
| The enclosed Registered Agent/Registered O   | ffice Change and fee(s) are submitted for filing.   |
| Please return all correspondence concerning t  | this matter to the following:   |
| Ann J. Zabielinski   |   |
| (Name of Person)   | <del></del>   |
| JONATHAN H. GREEN & ASSOCIATES, P.A. (Firm/Company)  |   |
| (гип/соправу)  |   |
| 799 Brickell Plaza, Suite 700 (Address)  | <del></del>   |
|  |   |
| Miami, Florida 33131   | <del></del>   |
| (City/State and Zip Code)  |   |
| For further information concerning this matte  | er, please call:  |
| Ann J. Zabielinski   | at ( 305 ) 372-5100   |
| (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  | g 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. Na             | me of the limited liability company: $ALYX & Y$  | EYI, LLC  |
| 2. (a)            | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)   | : 5901 BLUE LAGGON DRIVE, 84 FLOOR<br>MIAMI, FL 33126   |
| <b>(</b> b)       | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   | S20.1 BLUE LAGOON DRIVE, 84 FLOOR<br>MIAMI, FL 33126  |
|                   | 02/07/ 2006  | L06000013496  |
| 3. Da             | te of filing/registration in Florida   | 4. Document number  |
| 5. (a)            | Registered Agent and Registered Office shown on t  | he records of the Florida Dept. of State:   |
|                   | Registered Agent:  | HITE, CATHERINE ESQ   |
|                   | Registered Office Address:   | 799 BRICKELL PLAZA 700 MIAMI FL   |
| (b)               | Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>  | V Registered Office address:  |
|                   | NEW Registered Agent:  | GREEN, JONATHAN H   |
|                   | NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  | 799 BRICKELL PLAZA SUITE 700 MIAMI  |
| liabili<br>limite | limited liability company is not organized under the later the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the care confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of diability company.       | aws of the State of Florida, it is hereby confirmed taddress of the registered office and the business are of a Florida limited liability company it is |
| (Signatu          | re of a member or authorized-representative of a member)   |   |
| (Printed          | LUDO MAES  I or typed name of signee)  | <b></b>   |
| •                 | by accept the appointment as registered agent and a y with the provisions of all statules relative to the provision with and accept the obligations of my position or, if this document is being filed to merely reflect a company has been notified to the limited liability company has been notified. | 1 1 —   |
| (Sigual           | per of Registered Agent)   |   |
|                   | Division of Corporations, P.O. Box<br>FILING FEE   | 6327, Tallahassee, FL 32314   |
| INHS1             | 8 (05/08)  |   |