104000014034

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| , (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| | | |

Office Use Only



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SECRETARY OF SAME





COVER LETTER

| Division of Corporations | | | |
|--|---|---------------------------------|-------------------------------|
| SUBJECT: Maison de la Literie, L (Name o | LLC of Limited Liability Company) | • | - |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered | d Office Change and fee(s) are submitted for fili | ng. | |
| Please return all correspondence concerning | ng this matter to the following: | | |
| Paul K. Silverberg, Esq. (Name of Person) | · | | |
| Silverberg & Associates, PA | | 200 | S S |
| (Firm/Company) 2665 Executive Park Drive, St 2 | <u> </u> | 2006 SEP 27 AM 11:5 | FILE SECRETARY ISIDH OF |
| (Address) Weston, FL 33331 (City/State and Zip Code) | · | AH II: 57 | DF STATE |
| For further information concerning this ma | natter, please call: | | |
| Paul Silverberg (Name of Person) | at (954) 384-099 (Area Code & Daytime Telepho | one N | 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 follow | wing amount: | | |
| | \$55 Filing Fee & Certified Copy | S55 Filing Fee & Certified Copy | |

TO: Registration Section

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. The name of the limited liability company is: Maison de | la Literie, LLC | |
|--|--|---|
| 2. The mailing address of the limited liability company is: | 100 N. Biscayne Blvd, St 500, | Miami, |
| Miami, 33132 | | |
| | <u> </u> | |
| February 8, 2006 | L06000014034 | |
| 3. Date of filing/registration in Florida | 4. Document number | • |
| 5. The name of the registered agent and the registered office Florida Department of State: | address as shown on the records | of the |
| Benaudis, Saskia | | |
| Name | | v |
| 100 N Biscayne Blvd, St 50 | 0 | |
| Address | | |
| Miami, FL 33132 City, State and Z | | . <u> </u> |
| 6. The name and address of the new registered agent and/or | office: | Y.S. M.S. |
| o. The hame and address of the new registered agent and/or | onice. | 호유 |
| Silverberg & Associates, P | office: A St 2 NOT acceptable) SEP 27 AM St 2 NOT acceptable) | |
| Name | C+ 2 3= | - 00 00 |
| 2665 Executive Park Drive, Florida street address (P.O. Box | NOT accentable) | 347 |
| Florida street address (1.0. Dox | in in the second | Ä |
| Weston FL 333 | 331 ~ | gad Total |
| City, State and Zip | p | |
| If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identicliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. | orida street address of the registere cal. Or, in the case of a Florida lin was/were authorized by an affirma wise provided in the articles of org | ed office nited ative vote |
| (Signature of a member or authorized representative of a member) (Printed or typed name of signee) | - | |
| I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, H.S. Or of this document is being filed to meroaddress, I hereby confirm that the limited liability company | ree to act in this capacity. I furth per and complete performance of ition as registered agent as provic ely reflect a change in the register has been notified in writing of thi | er agree to my duties, led for in ed office s change. |

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

(Signature of Registered Agent)