## L06000017634

(Re	equestor's Name)	•
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
·	usiness Entity Na 634 ocument Number	•
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to		-ch
		MA
	Office Use Or	ıly VI



700081899077

11/27/06--01014--009 \*\*50.00

O6 NOV 27 AH 10: 47
SECRETARY OF STATE
ALLAHASSFF FINALE

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: M Financial Group II LLC (Name of Limite	ed Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
Jorge L. Piedra, Esq. (Name of Person)			
Jorge L. Piedra, P.A.  (Firm/Company)	·		
2950 S.W. 27th Avenue, Suite 300			
Miami, FL 33133 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Jorge L. Piedra, Esq. at ( (Name of Person)	305 <u>) 448-7064</u> (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 am	ount:		
<b> ₹ § § § § § § § § § §</b>	\$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. The name of the limited liability company is: M Financial Group II LLC

2. The mailing address of the limited liability company is: 168 S.E. 1st Street, Suite 1006

February 16, 2006

L06000017634

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Alberto Arellano

Name

168 S.E. 1st Street, Suite 1006

Address

Miami, FL 33131

City, State and Zip

6. The name and address of the new registered agent and/or office:

ETARY HASSE

Jorge L. Piedra, Esq.
Name

2950 S.W. 27th Avenue, Suite 300

Florida street address (P.O. Box NOT acceptable)

Miami

EL 3313

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Ana Solorzano

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, I.S. Ir, I have document is being filed to merely reflect a change in the registered office address, I hereby forther that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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