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SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: USA Model Really, L.L.C. (Name of Limited 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 matter to the following:
Dayan Dopico (Name of Person)
(Name of Person) DSA Model Realty, C.L.C. (Firm/Company) J. (Address)
6157 NW 167 ST # F-21
Miami Lakes, FL 33015 (City/State and Zip Code)
For further information concerning this matter, please call:
Day an Dopico at (305) 818-62011 (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 amount:
■ \$25 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: USA Woll Real	Ly L.L.C.
2. The mailing address of the limited liability company is:	
6157 NW 167 ST + F-21 Mari LOW, F	L 33015 .
April 12th, 2006 L040000	38220
3. Date of filing/registration in Florida 4. Document numb	per
5. The name of the registered agent and the registered office address as shown or Florida Department of State: Luis Avila Name	1 the records of the
Address HIQUY, FL 33144 City, State and Zip	DIVISION 06 APR
6. The name and address of the new registered agent and/or office:	21 937
Name 6157 NW 167 ST # F-24 Florida street address (P.O. Box NOT acceptable) Mami, FL 33015 City, State and Zip	OF APR 21 PM 2: 07
If the limited liability company is not organized under the laws of the State of FI confirmed that after the change or changes are made, the Florida street address o and the business office of the registered agent will be identical. Or, in the case o liability company, it is hereby confirmed that the change(s) was/were authorized of the members of the limited hability company or as otherwise provided in the or the operating agreement of the limited liability company. (Signature of a member of bathorized representative of a member)	If the registered office of a Florida limited by an affirmative vote
(Printed or Aped name of signee)	
I hereby accept the appointment as registered agent and agree to act in this cap comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligations of my position as registered as Chapter 608, F.S. Or, if this dolument is being filed to merely reflect a change is address, I hereby confirm that the limited liability company has been notified in (Signature of Registered Rent)	
/ Division of Corporations, P.O. Roy 6327 Tallahassee, FL.	32314

FILING FEE: \$25.00

INHS18 (8/95)