

LO6000047219

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000170795 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
 Division of Corporations
 Fax Number : (850) 205-0380

From:
 Account Name : EXPRESS CORPORATE FILING SERVICE INC.
 Account Number : 120000000146
 Phone : (305) 444-4994
 Fax Number : (305) 444-4977

REGISTERED AGENT CHANGE

142 GIRALDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

06 JUN 30 AM 8:00

DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUN 30 AM 9:03

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

**(((H06000170795)))
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: 142 GIRALDA LLC

2. The mailing address of the limited liability company is : 201 CROSS STREET
MIAMI SPRINGS, FL 33166

05/05/2008
3. Date of filing/registration in Florida

LOG000047219
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:

MIGUEL FARRA
Name
1001 BRICKELL BAY DRIVE, 9TH FLOOR
Address
MIAMI, FL 33131
City, State and Zip

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

FRANCISCO J. ARGUELLES
Name
201 CROSS STREET
Florida street address (P.O. Box NOT acceptable)
MIAMI SPRINGS FL 33166
City, State and Zip

FILED
06 JUN 30 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

AMIN SAIDEN 
(Printed or typed name of signor)

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, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm 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