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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations		
Division of Corporations .		
SUBJECT: ES CONDO HOLDINGS, LLC (Name of Limited	d 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 m	natter to the following:	
MICHAEL I. BERNSTEIN, ESQ.		
(Name of Person)	· ,	
MICHAEL I. BERNSTEIN, P.A. (Firm/Company)		
(Time company)		
1688 MERIDIAN AVENUE, SUITE 418	·	
(Address)		
MIAMI BEACH, FLORIDA 33139		
(City/State and Zip Code)		
For further information concerning this matter, ple	ase call:	
MICHAEL I. BERNSTEIN, ESQ. at (3	305 ₎ 672-9544	
(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 amo	ount:	
✓ \$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. The name of the limite	ed liability company i	S: ES CONDO	HOLDINGS, LLC		
2. The mailing address of	f the limited liability	company is:	1688 MERIDIAN AVI	ENUE, SUITE 41	В
MIAMI BEACH, FLORIDA 3	33139				
JULY 7, 2006			L06000067954		
	' ' E1'-I-			. 1	
3. Date of filing/registrat	ion in Florida		4. Document num	iber	
5. The name of the register Florida Department of		gistered office	address as shown o	on the records of	the
•	MICHAEL I. BERI	NSTEIN. ES	Q.		
		Name			
	1680 MICHIGAN A		TE 736		
		Address			
	MIAMI BEACH, FLO	ORIDA 33139)		
	Cit	y, State and Z	ip		
6. The name and address	of the new registered	agent and/or	office:	7A 2	
	MICHAEL I. BERN	STEIN. ESQ).	2007 HAY 18 SECRETARY ALLAHASSE	
		Name	<u>. </u>	船	
	1688 MERIDIAN AV		E 418	Y IE TAR ASS	-
	Florida street addre	ess (P.O. Box	NOT acceptable)		-
	MANA DE A OU	0041	20	PH I2: 04 OF STATE E. FLORIDA	
•	MIAMI BEACH	FL 3313			
	City,	, State and Zip)	를 은	
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement.	hange or changes are the registered agent reby confirmed that the nited liability compares of the limited liabil	made, the Flowill be idention the change(s) by or as otherwity company.	orida street address of cal. Or, in the case of was/were authorized	lorida, it is herel of the registered of a Florida limi d by an affirmati	office ted ve vote
(Signature of a member or author	ized representative of a men	nber)			
MICHAEL I. BERNSTEIN, (Printed or typed name of signee)	·				
				manda. IC at	
I hereby accept the appoince of the appoince of the comply with the provision and I am familiar with appoince of the confirm address I hereby confirm	iniment as registered is of all statules related accept the obligation is being that the limited liabi	agent and ag ive to the proposi- ons of my posi- g filed to mere lity company	ree to act in this caper and complete pe ition as registered a ely reflect a change has been notified in	pacity. I further reformance of my igent as provided in the registered writing of this c	agree to duties, d for in d office hånge.

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

(Signature of Registered Agent)