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(Requ	uestor's Name)		
(Addi	ess)			
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(City/	State/Zip/Pho	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Na	ıme) : .		
(Doct	ument Numbe	r) ·		
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				
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M. THOMAS

SEP - 1 2009

EXAMINER

COVER LETTER

Division of Corporations				
SUBJECT:		130 I		
Name o	f Limited	l Liabili	ity Co	mpany
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	i Office (Change	and fe	ee(s) are submitted for filing.
Please return all correspondence concerning	ng this m	atter to	the fo	MIS AUG 31 PA 12: 53 SECRETARY OF STATE TALLAHASSEE, FLORIOF
				TA SE
				Light Me
RICHARD LISS				要量。
Name of Person			_	SS
				Fig. 3
				FLS B
DAYCO			_	95 V
Firm/Company				<u> </u>
				·
1600 PONCE DE LEON BLV	D PH-1			
Address		***************************************		
CODAL CARLES ELORIDA	22424			
CORAL GABLES FLORIDA City/State and Zip Code	33 34		_	
City/State and 21p code				
DI ODAVOGODOLID OG	244			
RL@DAYCOGROUP.CO	ort notification	on)		
		,		
For further information concerning this m	atter, ple	ase call	:	
RICHARD LISS	-4 (305	`	377-8333
Name of Person	at (_) Area Co	ode & Daytime Telephone Number
.,				· · · · · · · · · · · · · · · · · · ·
STREET/COURIER ADDRESS:		MA	ILIN	G ADDRESS:
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327 Tallahassee, Florida 32314			
2661 Executive Center Circle		Iall	ianasse	ee, FIOTIGE 32314
Tallahassee, Florida 32301				
Enclosed is a check for the follow	ving amo	ount:		
\$25 Filing Fee	\$55 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. Name of the limited liability company:	FG 130 LLC			
2. (a) Principal office address of limited liability company	1600 PONCE DE LEON BLVD			
(Note: MUST BE STREET ADDRESS)	PH-1 CORAL GABLES FLORIDA 33134			
(b) Mailing address of limited liability company:	1600 PONCE DE LEON BLVD			
(Note: MAY BE POST OFFICE BOX)	PH-1 CORAL GABLES FLORIDA 33134			
08/07/2006	L06000077610			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
Registered Agent:	LISS, RICHARD			
Registered Office Address:	848 BRICKELL AVE STE 810 MIAMI FLORIDA 33 19 5 5			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address:			
·	高州 5			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1600 PONCE DE LEON®BLVD PH-1			
(MOST BE TEORIDA STREET ADDRESS)	CORAL GABLES ,FL33134			
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 for the operating agriculture of a member of athorization that the change of a member of athorization of the limited liability company.				
LUIS LAMAR Printed or typed name of signee	_			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I amfamilian with and accept the obligations of my po Chapter 608 H.S. Or, if this document is being filed to me address I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.			

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

Signature of Registered Agent