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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: Thirteen Holdings, LLC (Name of Limited Liability Company)	<u></u>	
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:		
Jose Luis Machado, Esq.		
(Name of Person) Machado & Herran, P.A. (Firm/Company)		
8500 S.W. 8th Street, Suite 238		
(Address)		
Miami, Florida 33144		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Jose Luis Machado at (305) 261-5355		
(Name of Person) (Area Code & Daytime Tele	phone 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	ру	

INHS18 (8/05)

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.

agent, or both, in the State of Florida.	· Thirteen Undines 110		
1. The name of the limited liability comp			
2. The mailing address of the limited liab	oility company is : <u>1390 South Dix</u>	tie Highway,	
Suite 2120, Coral Gables, Florida	a 33126		
August 28, 2006	L0600008488	10	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the registered agent and the Florida Department of State: Alfredo D.	. Xiques	on the records of	the
2950 S.W. Miami, Flor	Name 27th Avenue, Suite 300 Address rida 33133 City, State and Zip	06	DIV.S
6. The name and address of the new regist	•	SEP	SECRET
Jose Luis I	<u>Machdo</u>	9	F CC
8500 S.W.	Name 8th Street, Suite 238	표 - P	ED Y OF STATE CORPORATIONS
Florida street	address (P.O. Box NOT acceptable)	01:4	ATE
Miami,	FL 33144		₹
	City, State and Zip		
If the limited liability company is not orgate confirmed that after the change or change and the business office of the registered a liability company, it is hereby confirmed to f the members of the limited liability corner the operating afterement of the limited.	cent will be identical. Or in the case.	of a Florida limit	ted
(Signature of a myshiper or authorized representative of	'a member)		
Armanda J. Guerra, President of NPC Manager			
(Printed or typed name of signee)		-	
I hereby accept the appointment as regist comply with the provisions of all statutes and I am familiar with and accept the obli- Chapter 608, F.S. Or, if this document is address, I hereby confirm that the imited	tered agent and agree to act in this ca relative to the proper and complete po igations of my position as registered a being filed to merely reflect a change highlity company has been notified in	pacity. I further irformance of my igent as provided in the registered writing of this c	agree to duties, l for in l office hange.

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

(Signature of Registered Agent)