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From:

Account Name : ZORRILLA & ASSOCIATES, P.L.

Account Number : 120060000091 : (305)860-3831 Phone

: (305)860-3832 Fax Number

REGISTERED AGENT CHANGE

1151 ALHAMBRA INVESTMENT GROUP, LLC

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11/17/2006

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

liability company submit agent, or both, in the Sta	ons of sections of is the following st te of Florida.	8.410 or 0 atement in	08.508, Florida Si order to change it	tatutes, the ur s registered o	ndersign ffice ör	ed limited registered	d
1. The name of the limit	ed liability compa	ny is: 1151	Alhambra investment	Group, LLC			_,
2. The mailing address of	of the limited liabi	ity compan	y is : 5860 Paradise	Point Drive			
Palmetto Bay, FL 33157		•					
			1.00000000				-
October 10, 2006	tion in Disable		L060000987				-
3. Date of filing/registra	uon in Pionga		4. Docume	nt number			
5. The name of the regist Florida Department of	ered agent and the State:	registered	office address as sh	nown on the re	cords of	fthe	
	Spiegel & Utre						
	40.40.004.00	Nam					
	1840 SW 22nd						
	Minai Elarida 3	Addre 2145	888		*		
	Miami, Florida 3	City, State	and Zip				
< The		• .	•				
6. The name and address	or the new registe	ted skent s	imot office:		70	20	
	1151 Alhambra	Investmen	t Group, LLC		SECRETAR TALLAHASS	2006 HOV	
		Name			产品	<u> </u>	14
	5860 Paradise P				A Z		eke GF
	Florida street ac	ldress (P.O.	Box NOT accepts	ble)	řί≺		1
	Palmetto Bay	_FL_	33157		E.F.		17
	C	ity, State ar	id Zip		101 11S	ထ္	Ę
If the limited liability conconfirmed that after the cand the business office of liability company, it is he	hange or changes the registered age reby confirmed th	are made, the ent will be in at the chang	ic Florida street add dentical. Or, in the re(s) was/were auth	dress of the re case of a Flor porized by an a	gistered rida limi effirmati	office ted ve vote	
of the members of the lir or/the operating agreemen	nt of the limited li	pany or as obility comp	omerwise provided omy.	in the articles	oi orgai	112811011	
(Signature of a member of author	nzed representative of a	member)					
Maria Llord, Manager							
(Printed or typed name of signee))						
I hereby accept the appo comply with the provision and I am familiar with ap Chapten 608, F.S. Or, if address I hereby confirm (Signature of Registered Agent)	intment as registers of all statutes re ad accept the obligation of the contract of the obligation of the contract of the cont	red agent at lative to the ations of my eing filed to ability com	nd agree to act in ti proper and compl position as regist merely reflect a ch pany has been notif	his capacity. lete pérforman gred agent as lange in the ré led in writing	further ice of my provided gistered of this c	agree to duties, for in foffice hange.	

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

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