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SECRETARY OF STATE

COVER LETTER

Division of Corporations
SUBJECT: MIAMI SCIENTIFIC, LLC
(Name of Limited 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 matter to the following:
· · · · · · · · · · · · · · · · · · ·
•
ALEXANDER TELLEZ (Name of Person)
(Marie of Person)
MIAMI SCIENTIFIC, LLC (Firm/Company)
(Firm/Company)
1171 SAN PEDRO AVE (Address)
CORAL GABLES, FL 33156-6343 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
ror further information concerning this matter, please can.
ALEXANDER TELLEZ 21 (978) 387-3671
ALEXANDER TELLEZ at (978) 387-3671 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 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 limited	liability company is: M	IAMI SCIE	NTIFIC, L	LC	
2. The mailing address of t	he limited liability compar	ny is :	SAN PEDRO	AVENU	E,
	, FL 33156-6				
01/03/2007			000000 76	<i>*</i>	
3. Date of filing/registratio	n in Florida	4. Docume			
5. The name of the registere Florida Department of St		office address as s	hown on the reco	ords of th	е
-	BUSINESS FILI	NGS INCOR	PORATED		
_	Nam				
·	1203 GOVERNORS	SQUARE BL	VD, SUITE IT	>/	•
	Addro	ess			
-	TALLAHASSEE	Fし 32301-2 and Zip	960 F	2007	
City, State and Zip 6. The name and address of the new registered agent and/or office: ALEXANDER TELLEZ ENTARY ARY ARY ARY ARY ARY ARY ARY					
_	ALEXANDER T	ELLEZ	SSE	5	
	Name	O AVENUE	able)	P	D
	Florida street address (P.O	. Box NOT accept	able)	5: 00	,628th
	CORAL GABLES, FL	33156-63	143 P		
_	City, State a				
If the limited liability comp	oany is not organized under	the laws of the Sta	ate of Florida, it i	is hereby	YC

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.

(Signature of a member or authorized representative of member)

ALEXANDER TELLEZ

(Printed or typed name of signee)

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.

Olexander Teller (Signature of Registered Agent)

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