L07000003443

| (Pa | augetor's Name) | |
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| (City/State/Zip/Phone #) | | |
| PICK-UP | WAIT | MAIL |
| | | |
| (Business Entity Name) | | |
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| (Document Number) | | |
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|---------------------|
| SUBJECT: 185 Group,LLC (Name of I | Limited Liability Company) | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered C | Office Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning | g this matter to the following: | |
| Alex D. Rodriguez | | |
| (Name of Person) | • | OT JUN 13 AM 10: 59 |
| 185 Group,LLC (Firm/Company) | | 是黑 |
| (rimiteompany) | | 13 |
| 185 SE 14th Ter., #1910 | | 强 |
| (Address) | | ر ن د ن |
| Miami, FL 33131 | | 9 |
| (City/State and Zip Code) | | |
| For further information concerning this matt | tter, please call: | |
| Alex D. Rodriguez | at (305) 374-8791 | |
| (Name of Person) | (Area Code & Daytime Telephone N | lumber) |
| 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 | ing amount: | |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy | |

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.

| 1. The name of the limited liability company is: | 185 Group,LLC |
|---|--|
| 2. The mailing address of the limited liability com | pany is : 185 SE 14th Ter., #1910 |
| Miami, FL 33131 | |
| January 9, 2007 | L07000003443 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. The name of the registered agent and the register Florida Department of State: | ered office address as shown on the records of the |
| Aria Hernandez | |
| | Name |
| 185 SE 14th Ter., #191 | 10 |
| Ä | ddress |
| Miami, FL 33131 | T SIE |
| City, S | tate and Zip |
| 6. The name and address of the new registered age | יות אורים וות אורים |
| Ania C. Rodriguez | ame 0 P.O. Box NOT acceptable) |
| Na Na | ame 5 PP |
| 185 SE 14th Ter., #191 | <u>0</u> |
| Florida street address (| P.O. Box NOT acceptable) |
| Miami | FL 33131 |
| City; Sta | ite and Zip |
| confirmed that after the change or changes are ma- and the business office of the registered agent will liability company, it is hereby confirmed that the c | change(s) was/were authorized by an affirmative vote r as otherwise provided in the articles of organization company. |
| Ania C. Rodriguez | |
| (Printed or typed name of signee) | |
| I hereby accept the appointment as registered age comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fil address; Lhereby confirm that the limited liability | ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change. |
| (Signature of Registered Agent) | - |
| - 1 | . Box 6327, Tallahassee, FL 32314 FEE: \$25.00 |

INHS18 (8/05)