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SECRETARY OF STATE
ALLAMASSEE FLORINA

C. LEWIS

JUN -4 2012

EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations	: , <b>r</b>	
SUBJECT: Donamis, LLC		
Name of	f 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	ng this matter to the following:	
Bibi Ruiz		
Name of Person		
Bryn & Associates, P.A.	·	
Firm/Company		
2 South Biscayne Blvd, Suite	2680	
Address		
Miami, FL 33131		
City/State and Zip Code		
bibi@markbryn.com E-mail address: (to be used for future annual repor	t notification)	
For further information concerning this ma		
Bibi Ruiz	at ( 305 ) 374-0501	
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 follow	ring amount:	
\$25 Filing Fee	\$55 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.

Name of the limited liability company:	Donamis, LLC
2. (a) Principal office address of limited liability company	y: 12388 SW 82 Ave
(Note: MUST BE STREET ADDRESS)	Miami, FL 33156
(b) Mailing address of limited liability company:	12388 SW 82 Ave
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33156
01/18/2007	L07000006778
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:	Mark Bryn
Registered Office Address:	12388 SW 82 Ave
•	Miami, FL 33156
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	W Registered Office address:  Jeffrey M. Greenberg
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12388 SW 82 Ave
(MUST BE PLOKIDA STREET ADDRESS)	Miami ,FL_33156
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized appresentative of a member	florida street address of the registered office
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely 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

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