L07000009045

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
"				

Office Use Only



800126306488

05/12/08--01002--004 **1650.00

DELIA LAME GLURIONS
DIVISION DE CORPORATIONS
TALLAMASSEE FLORIDA

RECEIVED.

TALLAMASSEE, FLORIDA

B. KOHR

JUN 1 3 2008

EXAMINER

CTATEMENT 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: DAISY MAE 7950, LLC				
2. The mailing address of the limited liability company is: 444 BRICKELL AVE.				
SUITE 900, MIAMI FL 33131				
01/24/2007		L07000009045		
3. Date of filing/registrat	ion in Florida	4. Document n	umber	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: DE OLAZARRA, ALLEN C Name 444 BRICKELL AVE. SUITE 900 Address MIAMI FL 33131				
•	DE OLAZARRA, ALLEN C		FILED 2: 15 8 JUL -3 PH 2: 15 TALLAHASSEE, FLORID	
		ame		
444 BRICKELL AVE. SUITE 900			る。	
Address				
MIAMI FL 33131				
City, State and Zip				
6. The name and address of the new registered agent and/or office:				
C T Corporation System				
Name				
1200 South Pine Island Road				
Florida street address (P.O. Box NOT acceptable)				
	Plantation F	L 33324		
	City, State	e and Zip		
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 a member)				
Anthony LiCausi, Attorney in				
(Printed or typed name of signee)				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, Iller eby confirm	intment as registered agen is of all statutes relative to a accept the obligations of this document is being file of the limited liability c	t and agree to act in this the proper and complete my position as registered to merely reflect a charompany has been notified	capacity. I further agree to performance of my duties, d agent as provided for in see in the registered office I in writing of this change.	
	odrawy System	Anthony LiCausi Vice President		
(Signature of Registered Agent)				
U Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				
FILING FEE: \$25.00				

INHS18 (8/05)