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06/05/07--01041--002 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limite	d 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 n	natter to the following:
Name of Person)	O7 SEC TALL
(Firm/Company)	
4355 NW 128 44 Street (Address)	JUN-5 PM 4: 25 CRETARY OF STATE AHASSEE, FLORIDA
Opa Locka FL 33054 (City/State and Zip Code)	ATTE ATTE
For further information concerning this matter, plo	ease cail:
<u>Neill Hernandez</u> at ((Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
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 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

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Address

Miami, FL 33143

City, State and Zip

Name

7201 SW 77th Court

Address

Miami, FL 33143

City, State and Zip

Name

7201 SW 77th Ct.

Florida street address (P.O. Box NOT acceptable)

Miami, FL 33143

City, State 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 of fice of the registered agent will be identical. Or, in the case of a Florida limited liability company hit 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)

(Printed or typed name of signee)

O1-26-2007

3. Date of filing/registration in Florida

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. for, 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.

(Signature of Registered Agent)

Aldrin Pita

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