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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me) .
(Do	cument Number)	-
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE

D. BRUCE
AUG 0 7 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: / AMA+) P/AZA D Name of Limited 1	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Michael Dohlyan Name of Person	
Tamate Plato, LLC	
Address Delas Bear L. F. L. 334 City/State and Zip Code With the C. Dones on Caha. C. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please	O9 AUG -6 PM 12: 17 SECRETARY OF STATE TALLAHASSEE. FLORIDA e call:
at ()
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	nt:
\$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. liability company submits the following statement in orangent, or both, in the State of Florida.	der to change its registered office or registered
1. Name of the limited liability company:	Plaza LLC
2. (a) Principal office address of limited liability compa	ny:
(Note: MUST BE STREET ADDRESS)	Brea Rafor, FC 32432
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	399 W. As/MIHO Paik Pd. Ste 201 Boca Ruton, FZ 33432
5/02/07	L07000048041
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:
Registered Agent:	Steven L. Daniels
Registered Office Address:	515 N. Floyler Dribe 645 Floor WOST Palm Boul, FC 33401
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:
NEW Registered Agent:	Paul Koyers Hennedy ESQ
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	SUITE 407 North Pelm Belich 33408
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Thereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. On if this document is being filed in address, I hereby confirm that the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles operganization ny.

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