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LLC REGISTERED AGENT CHANGE ANDREITALINDA L.L.C.

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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. Name of the limited liability company:	ANDREITALINDA L.L.C.	
2. (a) Principal office address of limited liability compan	21200 POINT PLACE	
(Note: MUST BE STREET ADDRESS)	APT 1405 AVENTURA, FLORIDA 33180	
(b) Mailing address of limited liability company:	21200 POINT PLACE	
(Note: MAY BE POST OFFICE BOX)	APT, 1405 AVENTURA, FLORIDA 33180	
08/21/07	L0700008564850	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dep	· Asia
Registered Agent:	OWEN S. FREED	17-2
Registered Office Address:	2200 MUSEUM TOWER 150 WEST FLAGER STRI MIAMI, FLORIDA 33130	PH 1147
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address	=
<u>NEW</u> Registered Agent:	Company Management Services, LLC	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8788 S.W. 8th Street	
	Miami	,FL <u>33174</u>
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 identifiability 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	lorida street address of the reg lical. Or, in the case of a Flori was/were authorized by an al	istered office da fimited Tirmative vote
Signature of a member of authorized representative of a member	- -	
Sergio A. Pagliery		
Printed or typed name of signee		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proud and I am familiar with and accept the obligations of my posting to the configuration of my post Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited hability company	gree to act in this capacity. I poper and complete performance sition as registered agent as perely reflect a change in the ree has been notified in writing by	further agree to e of my duties, royided for in istered office f this change.
Signature of Registered Agent MGR. OFCOMPANY MANAGEMENT	LEC.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILANG FEE: \$25,00