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SECULIARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Name	T3RE LLC of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.	
Please return all correspondence concern	ing this matter to the following:	
	•	
Tommy Turchin		
Name of Person		
	TALL All ASS	
Firm/Company	<u>₹</u>	
	سيرا سير	
420 NE 40 Change Cuite	e 9 Egg s	
130 NE 40 Street, Suite	B B B B B B B B B B B B B B B B B B B	
Address	e 9	
Miami FL 33137		
City/State and Zip Code		
tommy@turchinjewelry.c	com	
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this n	natter, please call:	
Tommy Turchin	at (
Name of Person	Area Code & Daytime Telephone Number	
CERTIFICATION A PARTICO	MAILING ADDDDGG	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:	
	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	rananassee, r iona 32317	
Enclosed is a check for the follo	wing 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:	T3RE LLC	
2. (a) Principal office address of limited liability compa	any: 130 NE 40 Street	
(Note: MUST BE STREET ADDRESS)	Suite 9 Miami FL 33137	<u> </u>
(b) Mailing address of limited liability company:	130 NE 40 Street	
(Note: MAY BE POST OFFICE BOX)	Suite 9 Miami FL 33137	<u></u>
10/02/2007	L07000099972	
3. Date of filing/registration in Florida	4. Document number	
(a) Registered Agent and Registered Office shown of Registered Agent:	Gregg S. Francis	
Registered Office Address:	900 Ocean Drive Miami Beach FL 33139	•
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address:	
NEW Registered Agent:	Tommy Turchin	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	130 NE 40 Street Suite 9 Miami ,FL33137	
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 off or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization	e 1
TOMMY TURCHIN		
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 land I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions.	d agree to act in this capacity. I further agree proper and complete performance of my dutie, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change	to s, i
Signature of Registered Agent		