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(Requ	uestor's Name)	
(Addı	ess)	
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(City/	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
, (Busi	ness Entity Na	me)
(Dace	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	·
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SECRETARY OF STATE
AHASSEE, FLORID

T. CLINE

MAR - 4 2008

EXAMINER

COVER LETTER:

TO: Registration Section Division of Corporations					
SUBJECT: Miami Bayside Group, LLC (Name of Li	imited Lia	ability Corr	ipany)	· · · · · · · · · · · · · · · · · · ·	
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	ffice Chai	nge and fee	(s) are submitt	ted for filing.	
Please return all correspondence concerning t	his matte	r to the foll	owing:		
Alexandra de la Asuncion, Esq.		<u>.</u>			
(Name of Person)					
Law Offices of Alexandra de la Asuncio	on				
2333 Brickell Avenue, Suite A-1			·		
(Address)					
Miami Florida 33129				constraint.	194
(City/State and Zip Code)				SECI ALL/	
For further information concerning this matte	·			KETARY OF VHASSEE, F	3
Alexandra de la Asuncion	at (305	₎ <u>531</u>	-0560		<u>~</u> ∴
(Name of Person)		(Area C	Code & Daytim	ne Telephone	Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registration Division of P.O. Box 63	Corporations		
Enclosed is a check for the following	g amoun	t:			
 ⊈ \$25 Filing Fee] \$55 Filing	g Fee & Certif	ied 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.

1. The name of the limit	ed liability con	npany is: Miami Baysi	de Group, LLC					
2. The mailing address of	of the limited li	iability company is:	2637 Broad Bay Roa	ıd, Virginia Be	ach, VA	23451		
10/18/07			L07000105771					
3. Date of filing/registration in Florida		4. Document number						
5. The name of the regist Florida Department of	ered agent and State:	I the registered office	address as shown o	on the records	s of the			
		s of Alexandra de I Name	a Asuncion					
	16969 NW 6	67th Avenue Suite 20	00					
		Address						
	Miami Lakes							
		City, State and Z	.ip					
6. The name and address	of the new reg	gistered agent and/or	office:					
	Law Offices	of Alexandra de la	Asuncion	TALI	2000 MAR			
	0000 B.dIII	Name		产品				
		I Avenue, Suite A-1	NOT acceptable)	NS TAF	1	The same		
	r iorida stre	et address (P.O. Box	NOT acceptable)	SEE OY O	ω 	yTT		
	Miami	FL 331:	29		PM 12:			
		City, State and Zip	p		2: 3	•, .		
If the limited liability co- confirmed that after the cand the business office of liability company, it is he of the members of the li- or the operating agreement.	change or chan f the registered ereby confirme mited liability at of the limite	ges are made, the Float agent will be identiced that the change(s) company or as other ad liability company.	orida street address cal. Or, in the case was/were authorize wise provided in the	of the registe of a Florida l d by an affirm	ereby red offi limited native v	ote/		
Alexandra de la Asuncior	ו							
(Printed or typed name of signed			•					
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608 F S Or, if address I hereby donfir		gistered agent and ages relative to the probbligations of my postics is being filed to mer ted liability company	ree to act in this ca per and complete p ition as registered i ely reflect a change has been notified in	pacity. I furl erformance o agent as prov in the regist n writing of th	her agr f my du ided for ered off iis chän	ee to ties, in ice ige.		
(Signature of Registered Agent)	<u> </u>							

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