10700011409

·			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructione-to-Filing Officer			
Special Instructions to Filing Officer RS			
JUL 152008			
EXAMINER			

Office Use Only



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FILED 08 JUL 14 AM 10: 29



TO: Registration Section

COVER LETTER

Division of Corporations					
SUBJECT:	FIBRA USA 1	LLC			
Schiect.	(Name of Limited Liability Company)				
Dear Sir or Ma	dam:				
The enclosed R	egistered Agent/Registered (Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:					
WILL	IAM J BLAKESBERG				
,	(Name of Person)				
		_			
BLAKE	ESBERG & COMPANY CPA'S (Firm/Company)	<u>S</u>			
951 SW 4TH AVE					
	(Address)				
ВОСА	RATON, FL 33432-5803	3			
(City/State and Zip Code)					
•					
For further information concerning this matter, please call:					
	BLAKESBERG	at (<u>561</u>) <u>750-8300</u>			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
STREE'	T/COURIER ADDRESS:	MAILING ADDRESS:			
Registra	tion Section	Registration Section			
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327			
	ecutive Center Circle	Tallahassee, Florida 32314			
Tallahas	see, Florida 32301				
Enclose	Enclosed is a check for the following amount:				
□ \$25 I	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.

1.	Nar	ne of the limited liability company:FIBRA_1	USA INC
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	7401 WILES ROAD CORAL SPRINGS, FL 33067
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	951 SW 4th AVE BOCA RATON, FL 33432-5803
		3-13-2008	L07000111409
3.	Dat	e of filing/registration in Florida	4. Document number
5.	(a)	Registered Agent and Registered Office shown on Registered Agent: Registered Office Address:	the records of the Florida Dept. of State: GERSTEIN & GERSTEIN ATTONEYS PA 700 S FEDERAL HWY #200 BOCA RATON, FL 33432
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	WILLIAM J BLAKESBERG
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	951 SW 4TH AVE BOCA RATON
tha off her lial	t afi ice e by oilit	imited liability company is not organized under the lefter the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	t address of the registered office and the business ase of a Florida limited liability company, it is
(Sig	natti	e of a member or authorized representative of a member)	-
•		RAFAEL KARKASON or typed name of signee)	- KANASSER T
am F.S cor	fan ifiri	by accept the appointment as registered agent and a with the provisions of all statules relative to the provisions of all statules relative to the providing with and accept the obligations of my position or, if this document is being filed to merely reflect a contact the limited liability company has been notified.	as registered agent as provided jos in Chapter Ous, change in the registered office address. I hereby
(Sig	gnatu	re of Registered Agent) Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)