L07000116304

Sergio Perez (Requestor's Name)
(Requestor's Name) HB Gravier (Address)
201 Alhambra Cir. Skg (Address)
(Address) Coral Gables, Pl 33131 (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
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SECRETARY OF STATE
ANASSEE, FLORIDA

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:	ADROIT ZETA LLC
2. (a) Principal office address of limited liability compar	ny: <u>1643 Brickell Avenue #3502</u>
(Note: MUST BE STREET ADDRESS)	Miami, FL 33129
(b) Mailing address of limited liability company:	1643 Brickell Avertue
(Note: MAY BE POST OFFICE BOX)	#3502 Miami, FL 33129
11/19/2007	L070001163 分 422 全
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Jay Wetcher
Registered Office Address:	19470 STONEBROOK STREET WESTON FL 33332 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: NEW Registered Office Address: (MUST RE FLORIDA STREET ADDRESS)	Alexander Daly 1643 Brickell Avenue
(MUST BE FLORIDA STREET ADDRESS)	#3502 <u>Miami</u> ,FL33129
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability 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 compans	Florida street address of the registered office stical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote
Signature of a member of authorized representance of a member	
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and ecomply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my perchapter 600, F.S. Or, if this document is being filed to me address, Inhereby confirm that the limited liability compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.

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

Signature of Registered Agent