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ALLAHASSEE, FLORID

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Munilla Construction Management, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alejandro Espino, Esq.

Name of Person

Peterson & Espino, PA

Firm/Company

10631 SW 88th Street, Suite 220

Áddress

Miami, FL 33176

City/State and Zip Code

aespino@petersonespino.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandro Espino, Esq. 305 270-3773

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check-for the following amount:

🗎 \$25 Filing Fee 🦠 💆

□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

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: Munilla Construction M	anagement, LLC	· _,,,,
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y: 6201 Southwest 70th Street, Second South Miami, Florida 33143	d Floor
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
05/15/2008	L08000050123	
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:	Thomas O. Wells, PA	
Registered Office Address:	640 Billmore Way Coral Gables, Florida 33134	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office add	dress:
<u>NEW</u> Registered Agent:	Peterson & Espino, PA	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10631 Southwest 88th Street Suite 220 Miami	.FL 33176
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 edimpany, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwishe operating agreement of the limited liability company. Signature of a member or authorized representative of a member process of the pro	lorida street address of the tical. Or, in the case of a was/were authorized by	e registered office Florida liputed an affirmative vote of
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am tobility with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address I beresy comply may the liveled liability compan	igree to act in this capaci oper and complete perfor sition as registered agen rely reflect a change in to y has been notified in wri	ity. I further agree to mance of my duties, t as provided for in he registered office iting of this change.
Signature of Registered Lent Division of Corporations, P.O. Box 63		