

L08000057661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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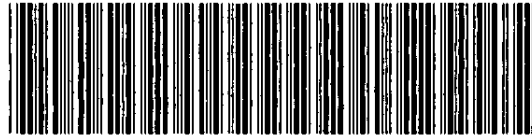
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

M. THOMAS

SEP - 4 2008

EXAMINER

SALOMON, KANNER, DAMIAN & RODRIGUEZ, P.A.

ATTORNEYS AT LAW
2550 BRICKELL BAYVIEW CENTRE
80 S.W. 8TH STREET
MIAMI, FLORIDA 33130

LEWIS M. KANNER

TELEPHONE (305) 379-1681
TELECOPY (305) 374-1719
EMAIL: LKANNER@SKDR.LAW.COM

August 27, 2008

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

Re: Stowe Plaza, LLC

Gentlemen:

Enclosed is Cover Letter relating to Stowe Plaza, LLC together with Statement of Change of Registered Office or Registered Agent, together with my firm's trust account check in the amount of \$55.00.

Is requested that you please accept the Statement of Change for filing and forward a certified copy to the undersigned.

Thank you for your cooperation.

Very truly yours,


Lewis M. Kanner

LMK/spp
Enclosure

cc: Kenneth L. Stowe (w/out enclosure)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STOWE PLAZA, 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:

KENNETH I. STOWE
(Name of Person)

STOWE PLAZA, LLC
(Firm/Company)

1937 N.E. 147th Street
(Address)

North Miami, FL 33161
(City / State and Zip Code)

For further information concerning this matter, please call:

LEWIS M. KANNER, ESQ. at (305) 379-1681
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2651 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

U \$25 Filing Fee

U \$55 Filing Fee & Certified Copy

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TALLAHASSEE, 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: | STOWE PLAZA, LLC |
| 2. (a) Principal office address of limited liability company: | 1937 NE 147 th Street |
| (Note: <u>MUST BE STREET ADDRESS</u>) | N. Miami, FL 33161 |
| (b) Mailing address of limited liability company: | P.O. Box 11723 |
| (Note: <u>MAY BE POST OFFICE BOX</u>) | Miami, FL 33101 |

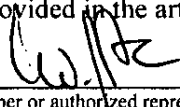
- | | |
|---|--------------------|
| <u>June 11, 2008</u> | <u>L0800057661</u> |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | |

Registered Agent:	NINA STOWE
Registered Office Address:	7521 Miami View Drive
	North Bay Village, FL 33141

- b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

<u>NEW Registered Agent:</u>	KENNETH I. STOWE
<u>NEW Registered Office Address:</u>	1937 NE 147 th Street
(<u>MUST BE FLORIDA STREET ADDRESS</u>)	N. Miami, FL 33161

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

1512 
(Signature of a member or authorized representative of a member)

KENNETH I. STOWE
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

KIS 
(Signature of Registered Agent)

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

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TALLAHASSEE, FLORIDA