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SECRETARY OF STATE
AN LAHASSEE: FLORID

J. BRYAN

JUL 29 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ		IMMIGRATION COUNSELS LLC Name of Limited Liability Company	
Dear S	Sir or Madam:		
The e	nclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for f	iling.
Please	return all correspondence c	concerning this matter to the following:	
CLI	AUDIA DEL CASTIU		
	EMMIGRATION OF Firm/Company	OUNSELS LLC	11 JUL 28
	4221 SW 120th Address	St., SUITE#128	28 MII: 48 ETARY OF STATE HASSEE, FLORIE
	MIAMI, FL 2 City/State and Zip C	03186 Code	Şm R
E-	LAW OFFICEOF CE		
For fu	rther information concerning	g this matter, please call:	
CLAI	DIA DEL CASTILLO- Name of Person	-HONSIGN (305) 720 2937 Area Code & Daytime Telephone Num	ber
	STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327	
	Enclosed is a check for th	e following amount:	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	у

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.

I. Name of the limited liability company: _IMMIGRA	TION COUNSELS LLC
2. (a) Principal office address of limited liability company	y: 14221 SW 120th St, #128
(Note: MUST BE STREET ADDRESS)	MIAMI, FL 33186
(b) Mailing address of limited liability company:	14221 SW 12075+,#128
(Note: MAY BE POST OFFICE BOX)	MIAMI, FL 33186
6/12/2008	L08000058099
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	LAW OFFICE OF CLAUDIA DEL CASTILLO P.A
Registered Office Address:	14331 SW 120th St, SUITE 106 MIAMI, FL 33186
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	LAW OFFICE OF CLAUDIA DEL CASTILLO,PA. 14221 SW 120th St., SUITE 106
f the limited liability company is not organized under the	MIAYNI ,FL 33186 laws of the State of Florida, it is hereby
confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident iability 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 company	was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of a member or authorized representative of a member CLAUDIA N. DEL CASTILLO-HEONSEY Printed or typed name of signee	28 ANI
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. Enther ugree to oper and complete performance of medities, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature A Registered Agent	

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