## L080000 80736

| (Requestor's Name)                      |                   |             |  |  |  |
|---|-------------------|-------------|--|--|--|
| (Address)                               |                   |             |  |  |  |
| (Address)                               |                   |             |  |  |  |
| (Ĉit                                    | ry/State/Zip/Phon | e #)        |  |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |  |
| (Business Entity Name)                  |                   |             |  |  |  |
| (Document Number)                       |                   |             |  |  |  |
| Certified Copies                        | _ Certificate     | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |  |
|   |                   |             |  |  |  |
|   |                   |             |  |  |  |
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## **COVER LETTER**

| то:    | Registration Section Division of Corporations              |               |   |  |
|--------|--|---------------|---|--|
| SUBJ   | ECT:   | LLC           |   |  |
|        | Nar  | ne of Limit   | ed Liability Company                          |  |
| Dear S | Sir or Madam:  |               |   |  |
| The er | nclosed Registered Agent/Registered Off                    | fice Change   | e and fee(s) are submitted for filing.        |  |
| Please | return all correspondence concerning th                    | nis matter to | the following:                                |  |
| Marti  | n Berger   |               |   |  |
|        | Name of Person   |               |   |  |
| Berge  | er & Hicks PA  |               |   |  |
|        | Firm/Company   |               |   |  |
| 9700   | S Dixie Highway STE 850                                    |               |   |  |
|        | Address  |               | <del>- N.</del>                               |  |
| Miam   | ni, FL 33156   |               |   |  |
|        | City/State and Zip Code                                    |               |   |  |
| mber   | ger@bergerhicks.com  |               |   |  |
| F      | -mail address: (to be used for future ani                  | nual report   | notification)                                 |  |
| For fu | rther information concerning this matter.                  | , please cal  | 1:  |  |
| Marti  | n Berger   | 305           | 670-7050                                      |  |
|        | Name of Person   | u. (          | Area Code & Daytime Telephone Number          |  |
|        | STREET/COURIER ADDRESS:                                    |               | MAILING ADDRESS:                              |  |
|        | Registration Section Division of Corporations              |               | Registration Section Division of Corporations |  |
|        | Clifton Building   |               | P.O. Box 6327                                 |  |
|        | 2661 Executive Center Circle<br>Tallahassee, Florida 32301 |               | Tallahassee, Florida 32314                    |  |
|        | Enclosed is a check for the following                      | g amount:     |   |  |
|        | ■ \$25 Filing Fee  | Ę             | ☐ \$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 605.0114 or 605.0116. 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. Na                         | me of the limited liability company: AIA Managem   | ent Serv                                   | ices LL(                                  | <u> </u>   |
|-------------------------------|--|--|---|--|
|                               | Amalia Irlanda   | (b)_                                       |   |  |
| (, .                          | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |  | N   | Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
|                               | 2840 Paddock Rd  |  |   |  |
|                               | Weston, FL 33331   |  |   |  |
|                               | 8/22/2008  |  | L 08                                      | 0000 80736   |
| 3.                            | Date of filing/registration in Florida   | 4.   |   | Document number  |
| • ( · \                       | Myron Samole   |  |   |  |
| 5. (a)                        | Registered Agent and Registered Office shown on the records of t   | he Florida D                               | ept. of State                             | ::   |
|                               |  |  |   |  |
|                               | Registered Office Address (MUST BE FLORIDA STREET A  | DDRESS)                                    |   |  |
|                               | 9700 S Dixie Highway STE 630   |  |   | ≱[[c   |
|                               | Miami, FL  | 3315                                       | 6   | AHASSAN TO   |
| 41.5                          | Martin Berger  |  |   |  |
| (b)                           | Enter name of NEW Registered Agent and/or NEW Registered Office address:   |  |   | P. STATE   |
|                               | Berger & Hicks PA  |  |   | 37<br>AAE<br>BRIDA   |
|                               | NEW Registered Office Address:   |  |   |  |
|                               | 9700 S Dixie Highway STE 850   |  |   | _  |
|                               | Miami, FL  | 33156                                      |   | -  |
| the cha<br>agent v<br>was/we  | imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affiguative vote of the members on the operating agreement of the | the registe<br>ability com<br>If the limit | ered office<br>apany, it i<br>ed liabilit | e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in |
|                               | Auglia Velas   | Amal                                       | lia Irland                                |  |
| -                             | ture of a member or authorized representative of a member  |  |   | Printed or typed name of signee  |
| provisi<br>the obl<br>to mere | by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I is a fixed of this change.       | performat<br>3 for in Ch                   | nce oj my<br>janter 60°                   | aunes, and Fam jamuar with and accept<br>5 F.S. Or. if this document is being filed                                      |
| Signatu                       | re of Registered Agent   |  |   |  |