

L08000084789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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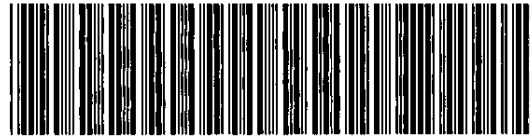
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 NOV -4 AM 7:46

FILED

NOV - 6 2013

T. BROWN

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: CAMYR MANAGEMENT, LLC.

2. (a) Principal office address of limited liability company: 6910 NW 29 CT.

(Note: MUST BE STREET ADDRESS)

MARGATE, FL 33063

(b) Mailing address of limited liability company:

SAME

(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida: SEPT. 5, 2008

4. Document number: LO8000084789

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

THE LAW OFFICES OF

Registered Office Address:

NICK SPRADLIN, PLLC.  
12000 N. DALE MABRY HWY. #110  
TAMPA, FL 33618

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

NEW Registered Agent:

CARLOS ALONSO

NEW Registered Office Address:

6910 NW 29 CT.

(MUST BE FLORIDA STREET ADDRESS)

MARGATE, FL, FL 33063

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.

Signature of a member or authorized representative of a member

CARLOS ALONSO

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.

Signature of Registered Agent

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

FILED  
13 NOV - 11 AM 7:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA