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(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone#	F)	
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SECRETARY OF STATE

EXAMINER

		E OR REGISTERED AGENT OR 2 A.A.VE # 90 H.B.33 139 To: 8, Florida Statutes, the undersigned limited to change its registered office or registered
1. Name of the limited liability co	ompany: THE	aub LLC
2. (a) Principal office address of	limited liability company:	1680 MKHIGAN AVE H1022
(Note: MUST BE STRE	ET ADDRESS)	MIAHI BEACH FL 33139
(b) Mailing address of limited	liability company:	
(Note: MAY BE POST (OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
09/30/2008	3	128000092711
3. Date of filing/registration in F	lorida 4	. Document number
5. (a) Registered Agent and Reg	gistered Office shown on th	ne records of the Florida Dept. of State:
Registered Agent:		ALLAN KOLTUN
Registered Office Address	3:	1717 N BAYSHORE DRHILL
		HIAH, FL 33132
(b) Enter name of NEW Regi	stered Agent and/or <u>NEW</u>	Registered Office address:
NEW Registered Agent:		Ugo V. Chiarato
<u>NEW</u> Registered Office A (MUST BE FLORIDA S		1680 Michigan Ave. Ste. 1022 Miami Beach, FL 33139
confirmed that after the change of and the business office of theireg	r changes are made, the FIG istered agent will be identified that the change(s) bility company or as otherwallimited liability company.	was of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
Printed or typed name of signee	10 - 10	
I hereby accept the appointment comply with the provisions of all and I am familiar with and accept chapter 608, F.S. Or, if this docaddress, I hereby confirm that the Signature of Registered Agent	as registered agent and ag statutes relative to the pro it the obligations of my pos ument is being filed to mer e limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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