## 109000004254

•		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE
TALLAHASSEE, FLORING

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T. CLINE

DEC - 4 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:	Candor Asset Management LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/R	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Carlos Ala	
Name of Perso	n
Candor Asset Mana	
701 Brickell Ave.	Suite 1550 AX D
Address	Suite 1550 Suite 1550 ALLCARY 07
Miami FL, 3	3131
City/State and Zip	3131 Code Spin O
E-mail address: (to be used for future	an.com
For further information concerning	g this matter, please call:
Carlos Alamo	at ( 305 ) 600-3304
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327
Enclosed is a check for t	he following amount:
\$25 Filing Fee	\$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 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: Can	dor Asset Management LLC		
2. (a) Principal office address of limited liability company	701 Brickell Ave suite 1550		
(Note: MUST BE STREET ADDRESS)	Miami FL 33131		
(b) Mailing address of limited liability company:	701 Brickell Ave suite 1550		
(Note: MAY BE POST OFFICE BOX)	Miami FL 33131		
01/14/09	L09000004256		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t			
Registered Agent:	Carlos Alamo		
Registered Office Address:	50 Biscayne Blvd. # 1802 FC Miami FL 33132		
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW NEW</b> Registered Agent:	V Registered Office address		
NEW Registered Office Address:	701 Brickell Ave. Suite 1550		
(MUST BE FLORIDA STREET ADDRESS)	M: 00101		
	Miami ,FL <u>33131</u>		
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 ALAMO Printed or typed name of signee	-		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product and I am familiar with and accept the obligations of my post 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. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely 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

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