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PALEAHASSEE, FLORIDA

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K.SALY EXAMINER JUN 1 9 2013

COVER LETTER

TO: Registration Section **Division of Corporations** VIZCAYA MANAGEMENT AND CONCIERGE, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Stephen Blass Name of Person Stephen Blass P.A. Firm/Company 1 Southeast 3rd Avenue, Ste 2130 Address Miami, FL 33131 City/State and Zip Code sblass@blasslega!pa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephen Blass Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section **Registration Section** Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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: Vizcaya Managem	ent and Concierge, LLC.		
2 (a) Deimainal office address of limited linkiller, annual	December 2000 C. President Board		
2. (a) Principal office address of limited liability comp (<i>Note: MUST BE STREET ADDRESS</i>)	Suite A 150-101		
(MOST BESTREET, NODRESS)	Plantation, FL 33324	700	
	-	C 2 2	
(b) Mailing address of limited liability company:	950 S. Pine Island Road	- 5	
(Note: MAY BE POST OFFICE BOX)	Suite A 150-101 Plantation, FL 33324		
	Titaliani, Fa doda F	THE PARTY	
01-23-2009	L09000008039	EST &	
3. Date of filing/registration in Florida	4. Document number	Ser o	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida I	Dept. of State:	
Registered Agent:	Bell, Craig		
Registered Office Address:	950 S. Pine Island Road		
	Plantation, FL 33324		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	Coprolite Corporation		
NEW Registered Office Address:	1 Southeast 3rd Avenue		
(MUST BE FLORIDA STREET ADDRESS)	Suite 2130		
	Miami	,FL_33131	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and agreement that ability to the appointment as registered agent and comply with the provisions of all statutes relative to the and agreement that ability to the appointment as registered agent and comply with the provisions of all statutes relative to the appointment as registered agent and comply with the provisions of all statutes relative to the appointment as registered agent and comply with the provisions of all statutes relative to the appointment as registered agent and comply with the provisions of all statutes relative to the appointment as registered agent and comply with the provisions of all statutes relative to the appointment as registered agent and comply with the provisions of all statutes relative to the appointment as registered agent and comply with the provisions of all statutes relative to the appointment as registered agent and the appointment as re	e Florida street address of the entical. Or, in the case of a Fle(s) was/were authorized by artwise provided in the articles of the articles o	registered office lorida limited a affirmative vote of of organization or	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confign that the limited liability compand.	position as registerea agent a merely reflect a change in the any has been notified in writii	is provided for in registered office ng of this change.	

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

Signature of Registered Agent