## L0900015526

(Requestor's Name)	
(Address)	
(Äddress)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	1AIL
(Duningan Fatitublessa)	
(Business Entity Name)	1 1
(Document Number)	
Certified Copies Certificates of Status	1 1
Special Instructions to Filing Officer:	

Office Use Only



600158535796

07/20/09--01019--022 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	•	
SUBJECT: The Urba	anite Group, 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:		
	atter to the following.	
Christopher B. Block Name of Person		
Name of Person		
The Urbanite Group, LLC		
Firm/Company		
3880 Irvington Avenue		
Address	<del></del>	
Minus El 00400		
Miami, FL 33133 City/State and Zip Code		
City/State and Zip Code		
abertata ab a a blant O a sa a tha a	·	
christopher.block@gmail.com  E-mail address: (to be used for future annual report notification)	on)	
· · · · · · · · · · · · · · · · · · ·		
For further information concerning this matter, ple	ase call:	
Christopher Barat Block at (	305 ) 297-1829	
Name of Person	Area Code & Daytime Telephone Number	
	,	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section	
Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
n		
Enclosed is a check for the following amo	ount:	
\$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.

Name of the limited liability company:	The Urbanite Group, LLC
2. (a) Principal office address of limited liability company	y: 8310 SW 62nd Place
(Note: MUST BE STREET ADDRESS)	Miami, FL 33143
(b) Mailing address of limited liability company:	8310 SW 62nd Place
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33143
February 16, 2009,	L09000015526
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Debt of State:
Registered Agent:	Block, Christopher B.
Registered Office Address:	8310 SW 62nd Place (32) 70 Miami, FL 33143
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3880 Irvington Avenue Miami, FL 33133
	,FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	laws of the State of Florida, it is hereby florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Signature of a member or authorized representative of a member	
CHRISTOPHER BLOCK	<del>_</del>
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 prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by 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