L09000025849

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

A. LUNT

MAR 31 2009

EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Steady Management, I	L.L.C. e of Limited Liability Company)	_	a
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	ng this matter to the following:		
Paul B. Steinberg			
(Name of Person)	AUCA	2009 MAR 30	
Steinberg & Associates, P.A.	HE ASS	₹ 3	
(Firm/Company)	SS	•	
	الله الله الله الله الله الله الله الله		£ ,
767 Arthur Godfrey Road (Address)		် မ	•
(redices)	D ^C		
Miami Beach, FL 33140			
(City/State and Zip Code)			
For further information concerning this ma	atter, please call:	,	
Paul B. Steinberg	at (305) <u>538-2344</u>	_	
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the follow	ing amount:		
	☐ \$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.	Na	me of the limited liability company: Steady Mar	nagement, L.L.C.	_ 🛱
2.	(a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 3900 N.W. 2nd Avenue Miami, FL 33127	. 0
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3900 N.W. 2nd Avenue Miami, FL 33127	- E
	16/2		L09000025849	_
3.	Dat	te of filing/registration in Florida	4. Document number	:
5.	(a)	Registered Agent and Registered Office shown on Registered Agent:	Edmond Leidesdorf	77
		Registered Office Address:	3900 N.W. 2nd Avenue	m.
	(b)	Enter name of NEW Registered Agent and/or NE	W Registered Office address:	O .
		NEW Registered Agent:	Paul B.Steinberg	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	767 Arthur Godfrey Road	-
			Miami Beach	•
If 1	the l	imited liability company is not organized under the	laws of the State of Florida, it is hereby confir	med

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)

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**