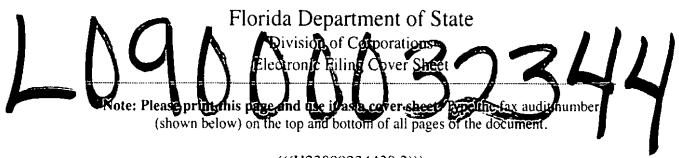
Division of Corporations



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LLC REGISTERED AGENT CHANGE PONTE GADEA MIAMI, LLC

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M. SOLOMON

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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:	Mia	ımi, l	LLC				
2. (a)	200 S Biscayne Blvd, Ste 3250		(b) 200 S Biscayne Blvd, Ste 3250 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
- . (<i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)							
	Miami, FL 33131	_	<u>M</u>	iami, FL 33131				
	04/02/2009		L09	000032344				
3.	Date of filing/registration in Florida	4.		Documen	t number			
5. (a)	TOYOS, ALINA ROJAS							
	Registered Agent and Registered Office shown on the records of t	ot, of State:		2029 JUL SEDRER FALL AHA				
	Registered Office Address (MUST BE FLORIDA STREET A 200 S Biscayne Blvd, Ste 3250			JUL -5 CEPARY VHASSE				
(0)	Miami , FL			A A				
	Corporate Creations Network Inc. Enter name of NEW Registered Agent and/or NEW Registered	<u> </u>		AM 9: 44 DE STATE DE LORIDA				
	NEW Registered Office Address:							
	801 US Highway I							
	North Palm Beach, FL	33408						
change agent w was/we the artic	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility f the li	ered of compa imited	Tice and the busing my, it is hereby contains trability company	ness office of the of the confirmed that	the registered the change(s)		
	Tymberlyn Teefsy ure of a member of a member	<u>T</u>	ymberl	yn Teefey, Attorney				
Signat	ure of a member or authorized representative of a member			Printed or t	typed name of sig	gnee		
provisie he obli o mere	oy accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I'in writing of this change.	ee to a perform for in ereby	ct in the mance Chap confir	his capacity. I fur of my duties, and ter 605, F.S. Or. m that the limited	ther agree to ! I am familian if this docume ! liability comp	comply with the with and accept ent is being filed pany has been		
	imberlyn Teefey Tymberlyn Teefey, !	Spec	ial Se	ecretary				