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PICK-UP	WAIT MAIL	
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Special Instructions to Filing Officer:		





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COVER LETTER

Division of Corporations	•
SUBJECT:La	Canada Properties, LLC
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Marci M. Lowman, Es- Name of Person	g
Kim & Lowman, LLP Firm/Company	
8620 NE 2 Avenue	
Miami, Florida 33138 City/State and Zip Code	
mi@kimandlowmanllp.c E-mail address: (to be used for share annual repo	on ort notification)
For further information concerning this m	natter, please call:
Marci M. Lowman, Esq.	at (305)981-4477
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Cemer Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314
Enclosed is a check for the follow	ving amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

p.1

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:	La Canada Properties, LLC
2. (a) Principal office address of limited liability compa	ny: 1970 NE 153 Street, Bay 3
(Note: MUST BE STREET ADDRESS)	North Miami Beach, Florida 33162
(b) Mailing address of limited liability company:	1970 NE 153 Street, Bay 3
(Note: MAY BE POST OFFICE BOX)	North Miami Beach, Florida 33162
05/21/2009	L09000049433
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	Lucas Libedinsky
Registered Office Address:	18612 NE 18 Avenue
	Unit 116 Miami, Florida 33181
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	EW Registered Office address: Marci M. Lowman, Esq.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8620 NE 2 Avenue
	Miami .FL 33138
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 idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.	Florida street address of the registered offices ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmation votes?
Signature of a member or authorized representative of a member	A ROP
RAUL FERNANDER	ORS
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand in the limited liability compandences. I hereby confirm that the limited liability compandences of Registered Agent Move).	agree to act in this capacity. I firther after and complete performance of my duties to position as registered agent as provided for inversely reflect a change in the registered office my has been notified in writing of this change.
Division of Cornerations P.O. Roy 6	327 Tullahuggan El 32214

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