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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLDMAN REAL ESTATE, 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:

Aarn Swimmer, Esq.

Name of Person

Swimmer Law Associates PA

Firm/Company

1680 Michigan Ave, Suite 1014

Address

Miami Beach, FL 33139

City/State and Zip Code

als@SwimmerLawAssociates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Swimmer

_{at (}305)

535-0808

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 following amount:

\$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.

1. Name of the limited liability company: GOLDMAN REALES	TATE, LLC
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	ny: 763 Collins Ave PH-1 MIAMI BEACH, FL 33139
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	763 Collins Ave PH-1 MIAMI BEACH, FL 33 189
06/12/2009	in Significant and the second and th
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Sheffman, Stanley d
Registered Office Address:	111 Lincoln Rd. #400, MIAMI BEACH, FL 33139
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address:
NEW Registered Agent:	Swimmer Law Associates, PA.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1680 Michigan Ave., Suite 1014
	Miami Beach ,FL 33139
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change(sthe members of the limited liability company or as otherwise the operating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of
Signature of a member of authorized representative of a member	
Charles J. Goldman Printed or typed name of signee	<u> </u>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in serely reflect a change in the registered office ny has been notified in writing of this change.

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

Signature of Registered Agent