4 2009 (10:319) tps://efile.sunbiz.of 228 448 FROM scripts/efilcovr.ex

Florida Department of State Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H090002071173)))



H090002071173ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383

From:

AM 10: 40

09 SEP 24

RECEIVED

Account Name : LAZARUS CORPORATE FILING SERVICE, TNC. Account Number : 120000000000 Phone : (305)552-5973 Fax Number : (305)220-1440



REGISTERED AGENT CHANGE

DUE AMICI LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

::

Corporate Filing Menu

AulUNT

SEP 25 2009 EXAMINER

1.

H09000207117 • 7 STATEMENT OF CHANGE OF REGISTERED OFFICE OR RECISTERED 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 ogent, or both, in the State of Florida. DUE AMICI LLC Name of the limited liability company; 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: 6002 SEP (Note: MAY BE POST OFFICE BOX) 06/23/2009 99 I_090000611 3. Date of filing/registration in Florida Document number TI cr5. (a) Registered Agent and Registered Office shown on the records of the Florida Deport an **Registered Agent:** EMILIO GONZALEZ Registered Office Address: 1470 NW 107th AVE, STE E MIAMI, FL 33172 (b) Enter name of NEW Registered Agent and/or NRW Registered Office address: NEW Registered Agent; EVELYN CHAPONICK 1470 NW 107th AVE, STE E NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) FL 33172 MIAM If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed 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. authorized representativy of a member ignumpent a member o EMILIO GONZALEZ Printed or typod name of sign 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. On lift this document is being filed to merely reflect a change in the registered office address I hereby congrem 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 H09000207117 INTIS18 (05/08)

FAX NO. :3052201440

FROM :LAZARUS

Sep. 24 2009 10:31AM P2