L090000075965

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT MAIL	
	(Business Entity Name)	
(Document Number)		
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COVER LETTER

TO: Registration Section Division of Corporations	•
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
DANIEL SEHRES	
Name of Person	
1521 Alton Road, #809	AARY OF
Address (C) (22)	
MIRMI BEACH /FU 3313 City/State and Zip Code)
E-mail address: (to be used for future annual report no	
For further information concerning this matte	er, please call:
DANIEU SEHRES Name of Person	at (305) 785-5919 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 followin	g amount:
্ৰি \$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO:

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: 721 NORTH	LINCOLNS LAME D/B/A BAR 721
2. (a) Principal office address of limited liability company:	70
(Note: MUST BE STREET ADDRESS)	MIAMI BEACH, FL 33139
(b) Mailing address of limited liability company:	721 NORTH LINCOLN LANE
(Note: MAY BE POST OFFICE BOX)	MIAMI BEACH, PL 33139
8/1/2009	L09000075966
	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	STEVEN J. RODRIGUEZ
Registered Office Address:	1019 KANE CONCOURSE, STE 202 BAY HARBOR ISLANDS, FL 33154
(b) Enter name of NEW Registered Agent and/or NEW NEW Registered Agent:	Registered Office address: DAWIEL SEHRES
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1545 MERIDIAN AVE. MIAMI BEACH FL 33139
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork the operating agreement of the limited liability company. Signature of a member or authorized representative of a member of the limited or typed name of signee. I hereby accept the appointment as registered agent and agreemely with the provisions of all statutes relative to the property.	aws of the State of Florida, it is hereby orida street address of the registered calce cal. Or, in the case of a Florida limited was/were authorized by an afficiating vote vise provided in the articles of organization
comply with the provisions of all statutes relative to the proj	per and complete performance of my duties,

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 108, 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