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SECRETARY OF STATE

J. SAULSBERRY EXAMINER JUL 23 2012

COVER LETTER

Division of Corporat	tions		
SUBJECT:	Park Stre	et Imports, LLC	
		Liability Company	
Dear Sir or Madam:			
The enclosed Registered Ag	ent/Registered Office C	Change and fee(s) are submit	ted for filing.
Please return all correspond	ence concerning this ma	atter to the following:	
=	, Managing Member of Person		
	t Imports, LLC ompany		2012 SEC TALL
1000 Brickell	Ave. Suite 1000		2012 JUL 20 SECRETARY (ALLAHASSEE
	FL 33131 and Zip Code		AH 8 20 OF STATE E. FLORIDA
cmehringer@parl	kstreetimportsllc.com future annual report notification	n)	
For further information cond	cerning this matter, plea	se call:	
Andrea Nappi, Complia	nce Manager at (305) 400-8 Area Code & Daytime Telep	
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 33	ons r Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check	for the following amo	unt:	
\$25 Filing Fee		\$55 Filing Fee & Certified Copy	

TO: Registration Section

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.

"30", or boin, in the state of 1 tortal.			
1. Name of the limited liability company:	Park Street Imports, LLC		
2. (a) Principal office address of limited liability comp	any: Park St	Park Street Imports, LLC	
(Note: MUST BE STREET ADDRESS)	1000 Brickell, Ave., Miami, FL 33131	Suite 915	
(b) Mailing address of limited liability company:	Park Street Imports, LLC		
(Note: MAY BE POST OFFICE BOX)	1000 Brickell Ave., Suite 915 Miami, FL 33131		
08/13/2009	L09000	L09000078512	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown of	on the records of the Flori	da Dept. of State:	
Registered Agent:	Chris Mehringer	<u>\$</u> 2	
Registered Office Address:	1000 Brickell Ave. Suite 1000 Miami, FL 33131	IZ JUL 20 ECRETARY LAHASSE	
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office a	ddress 5	
NEW Registered Agent:	Chris Mehringer	OR PA	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1000 Brickell Ave. Suite 915 Miami	,FL33131	
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 idliability company, it is hereby confirmed that the change of the members of the limited liability company or as oft or the operating between the limited liability company. Signature of a member or authorized representative of a member. Chris Mehringer, Managing Member. Printed or typed name of signee. I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the	e Florida street address of entical. Or, in the case of e(s) was/were authorized the the arthur the arthur.	the registered office a Florida limited by an affirmative vote ticles of organization	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address whereby confirm that the limited liability comp	proper and complete perp position as registered ago merely reflect a change in any has been notified in w	ent as provided for in the registered office criting of this change.	

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

Signature of

Vgistered Agent