10900080523

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SEURETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: 46 E Miller Name of Lin	MNIUM, LLC. mited Liability Company Ducument# 109 00 00 80523
Dear Sir or Madam:	•
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
Name of Person	
Inaki Saizarbitoria Esq., P.A. 21 S.W. 15 Road, Suite #200 Miami, FL., 33129	
Address	
City/State and Zip Code	
E-mail address: (to be used for future annual report no	otification)
For further information concerning this matte	er, please call:
INGKI SAIZAIbitON'S Name of Person	at (305) 374-4109 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	g 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 o	f the limited liability company:	46E MILLENNIUM, LLC
2. (a) Prir	ncipal office address of limited liability compar	ny: c/o Venegas Management LLC
(<u>N</u>	ote: MUST BE STREET ADDRESS	888 BISCAYNE BLVD. SUITE 111 MIAMI, FLORIDA 33132
(b) Ma	iling address of limited liability company:	c/o Venegas Management LLC
(<u>N</u>	ote: MAY BE POST OFFICE BOX)	888 BISCAYNE BLVD. SUITE 111 MIAMI, FLORIDA 33132
	8/20/2009	L0900080523
3. Date of	filing/registration in Florida	4. Document number
5. (a) Re	gistered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Re	gistered Agent:	MIRTA PEREZ
Re	gistered Office Address:	1492 S. MIAMI AVE.
(b) Ent	ter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	
<u>NE</u>	EW Registered Agent:	MONICA VENEGAS SS □
	EW Registered Office Address: UST BE FLORIDA STREET ADDRESS)	888 BISCAYNE BLVD. SUITE 111 MIAMI ,FL 33132
confirmed and the bu liability co of the men or the open	ted liability company is not organized under the that after the change or changes are made, the isiness office of the registered agent will be ide ompany, it is hereby confirmed that the change inbers of the limited liability company or as oth rating agreement of the limited liability company or as member or authorized representative of a member KEMAL OZBEK	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization
	ped name of signee	
I hereby of comply with and I am f Chapter 6 address, I	Registered Agency	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 nerely reflect a change in the registered office any has been notified in writing of this change.
	Pivision of Corporations, P.O. Box (054/, 1ananassee, FL

FILING FEE: \$25.00