## L09000096539

(Requestor's Name)				
(Address)				
411				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				

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TALLAHASSI TITORRO

B. BOSTICK
DEC - 6 2011
EXAMINER

## **COVER LETTER**

_	ion Section of Corporations				
SUBJECT: '		1406 f Limited Liability			_
Dear Sir or Mada	ım:				
The enclosed Re	gistered Agent/Registered	Office Change an	d fee(s) are submitted	l for filing.	
Please return all	correspondence concernin	ng this matter to the	e following:		
<u></u>	Name of Person	<u>S13</u>			
	Firm/Company				
1521 MIAMI	Firm/Company  ACTON RD  Address  BEACH FL  City/State and Zip Code	404 93139	TECHNOLOGY DESCRIPTION	11 DEC -5 PH 1:48	TOTAL
STE FAND	SANTONO @ GM (to be used for future annual repor	IAIL. COM		ATE ARIDA	
i.	nation concerning this ma				
	SANTO CO	at ( <u>30)</u>	724-42 a Code & Daytime Telephon	Sone Number	_
Registration Division of Clifton Bu 2661 Exec Tallahasse	f Corporations ilding outive Center Circle e, Florida 32301	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314		
\	is a check for the follow				
	ling Fee E/~ ITATZMY	\$55 I	filing Fee & Certified	Copy	

INHS18 (5/08)

## 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.

agent, or both, in the state of 1 to had.			
1. Name of the limited liability company:	br 1406 LCC		
2. (a) Principal office address of limited liability compan	y:		
(Note: MUST BE STREET ADDRESS)	1000 WEST AVE - 1406 MIAMI BEACH, FL 33139		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	1521 ALTON RD - 404 MAMI BEACH, FL 33135		
09/08/2009	L 090000 86 539		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	AIA REGISTERED AGENT		
Registered Office Address:	SGYT NOTH AUT NORTH ROYAL PALM BRACK, FC 33411		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	STEFANO D'AMBROSIO		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1000 WEST AVE - 1406		
MUSI BE FLORIDA STREET ADDRESS	MIAMI BEACH ,FL 33139		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company.  Signature of member or authorized representative of a member  Thereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the presentative of the provisions of all statutes relative to the presentative of the provisions of all statutes relative to the presentative of the presentative to the presentative of the presentative of the presentative of the presentative to the presentative of the p	Florida street address of the registered office stical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization y.		

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

Signature of Registered Agent