L09000098163

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE
AHASSEF, FI ORIDA

J. BRYAN

JUL 22 2010

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Enrico 2009 LLC Name of Limited Liability Company | | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| Marina Barturen, Esquire Name of Person | | |
| The Law Offices of Marina Barturen Finni/Company Finni/Company | | |
| The Law Offices of Marina Barturen Finni/Company 100 S.E. 2nd Street, Suite 2610 Address Address | | |
| Miami, Florida 33131 City/State and Zip Code | | |
| E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Marina Barturen, Esquire at (305) 423-3500 Name of Person 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 amount: | | |
| \$25 Filing Fee \$ S55 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.

| Name of the limited liability company: | Enrico 2009 LLC | |
|---|---|--|
| 2. (a) Principal office address of limited liability compan | y: Optimum Tax Services, Inc. | |
| (Note: MUST BE STREET ADDRESS) | 3081.S.W. 156th Avenue Miami, Florida 33185 | |
| (b) Mailing address of limited liability company: | Optimum Tax Services, Inc. | |
| (Note: MAY BE POST OFFICE BOX) | 3081 S.W. 156th Avenue Miami, Florida 33185 | |
| 10/12/2009 | L09000098163 | |
| 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: | Optimum Tax Services, Inc. | |
| Registered Office Address: | 3081 S.W. 156th Avenue SR E T | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: Marina Barturen, Esquire | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 100 S.E. 2nd Street Suite 2610 Miami ,FL33131 | |
| 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. Signature of a member or authorized representative of a member | | |
| Nicola Fanelli | _ | |
| 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 pand I am familiar with and accept the obligations of my p. Chapter 608, F.S. Or if this document is being filed to m address, I hereby confirm that the limited liability company | agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office my 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