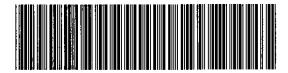
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PICK-UP WAIT MAIL				
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B. BOSTICK

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corpor				
	640 000	Oth Assessed LLC		
SUBJECT:	SUBJECT: 640 SW 8th Avenue, LLC Name of Limited Liability Company			
	Name of Limit	ed Liability Company		
Dear Sir or Madam:				
The enclosed Registered A	gent/Registered Office	e Change and fee(s) are submitted for	or filing.	
Please return all correspon	dence concerning this i	matter to the following:		
	ilva, Esq, C.P.A			
Name	of Person			
DL	A Piper			
Firm/0	Company			
200 South Bisca	iyne Blvd. Suite 2300	1		
	lress		ĭZs 1	
Miami	, FL 33131		OCT -7 AHII:53 CALIANT OF STATE LAHASSEE, FLORID	
City/State and Zip Code				
			iric <u>ar</u>	
mperez@mia E-mail address: (to be used fo	amilighthouse.org		1	
E-mail address: (to be used fo	r future annual report notificat	lion)) Richard	
For further information con	cerning this matter, ple	ease call:	ο A	
Martha Per	ez at (_	305) 285-2288		
Name of Person		Area Code & Daytime Telephone N	umber	
STREET/COURIER	R ADDRESS:	MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporation	ons	Division of Corporations		
Clifton Building		P.O. Box 6327		
2661 Executive Cente Tallahassee, Florida 3		Tallahassee, Florida 32314		
Enclosed is a check	x for the following am	ount:		
\$25 Filing Fee		\$55 Filing Fee & Certified Co	рру	

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:	640 SW 8th Avenue, LLC		
2. (a) Principal office address of limited liability compa	200 S. Biscayne Blvd. Suite 2300		
(Note: MUST BE STREET ADDRESS)	Miami, FL 33131		
(b) Mailing address of limited liability company:	640 SW 8th Avenue, LLC		
(Note: MAY BE POST OFFICE BOX)	200 S. Biscayne Blvd. Suite 2300 Miami, FL 33131		
10/26/2009	L09000103499		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	n the records of the Florida Dept. of State:		
Registered Agent:	Corporation Service Company		
Registered Office Address:	1201 Hays Street Tallahassee, FL 32301-2525-US		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	EW Registered Office address: Michael Silva, Esq, C.P.A 200 South Biscayne Blvd. Suite 2300		
(MUST BE FLORIDA STREET ADDRESS)	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 identiability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operating agreement of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a 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 pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with a manufaccept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with a manufaccept the obligations of my pand I am familiar with a manufaccept the obligations of my pand I am familiar with a manufaccept the obligations of my pand I am familiar with a manufaccept the obligations of my pand I am familiar with a manufaccept the obligations of my pand I am familiar with a manufaccept the obligations of my pand I am familiar with a manufaccept the obligations of my pand I am familiar with a manufaccept the obligations of my pand I am familiar with a manufaccept the obligations of my pand	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 by.		

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