## 209000/03647

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Special Instructions to Filing Officer:		
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 1310 Euclid Name o	Property LLC f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concernit	ng this matter to the following:
marco Dessimone Name of Person	e e
Firm/Company	2011 DEC -9 1
2311 54) 24 5T- Address	DEC -9 PM P
m.ami PC. 33145 City/State and Zip Code	
male & act. (cm E-mail addréss: (to be used for future annual repor	rt notification)
For further information concerning this ma	atter, please call:
marco Dessimone	at (365 ) 915-7509
Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ving 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.

Fuelid Diamont C 110
Euclid Property LLC
: 1000 Brickell Avenue
suite 300 miami FC 33131
Po Bex 45-0392
miami Fl. 33245
L09000103647
4. Document number
he records of the Florida Dept. of State:
MGF Registered Agents INC
1000 Brickell Avenue
Suite 300 miami Fi. 2313) US
V Registered Office address:
marco Dessimone
2311 SW 241 ST
migmi FC 33145 US
aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
- 2

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