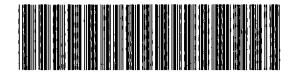
## L10000012111

(Re	questor's Name)	
(Äd	dress)	,
(Ad	dress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700238424807

08/15/12--01007--011 \*\*25.00



J. BRYAN

AUG 1 5 2012

**EXAMINER** 

## **COVER LETTER**

Division of Corporations	
SUBJECT:	Exium LLC
Name of L	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Stephen P. Santiago Name of Person	
Name of Person	
Exium LLC Firm/Company	
rim/Company	TALLAHASSEE FLORE
2265 SW 25th Terrace	
Address	
Miami Fl	
City/State and Zip Code	7 No. 10
stephen@exiumllc.com E-mail address: (to be used for future annual report no	otification)
For further information concerning this matte	er, please call:
Stephen Santiago	at ( <u>305</u> )606-1088
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the followin	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. 1	Name of the limited liability company:	Exium LLC
2. (	(a) Principal office address of limited liability company	2265 SW 25th Terrac
	(Note: MUST BE STREET ADDRESS)	Miami, FL 33133
(	(b) Mailing address of limited liability company:	Same E
	(Note: MAY BE POST OFFICE BOX)	
		L10000012111  4. Document number
5.	(a) Registered Agent and Registered Office shown on t	•
	Registered Agent:	Al Corrada
		2655 LeJeune Rd Suite 902 Coral Gables, FL 33134
(	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
	NEW Registered Agent:	Dawn Santiago-Colon
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2265 SW 25th Terrace Miami ,FL33133
con and liab of th or th	ne limited liability company is not organized under the la firmed that after the change or changes are made, the Fl the business office of the registered agent will be identicility company, it is hereby confirmed that the change(s) he members of the limited liability company or as otherwhereoperating agreement of the limited liability company of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Prin	Stephen Santiago ted or typed name of signee	-
<u>Y</u>	ereby accept the appointment as registered agent and apply with the provisions of all statutes relative to the provisions of all statutes relative to the province of am familiar with and accept the obligations of my positive to 8, F.S. Or, if this document is being filed to mer ress, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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