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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
	SALLE, LLC ed 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:	
SALOMON NASH		
Name of Person		
CASALLE, LLC Firm/Company		
20900 N.E. 30TH AVENUE	SUITE 1003	
AVENTURA, FL 33180 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)	ET	
For further information concerning this matter, p	lease call: (305) 935-3885	
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	\$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.

v	
1. Name of the limited liability company:	AllE, LLC
2. (a) Principal office address of limited liability compar	ny: <u>20900 N.E. 30TH AUE.</u>
(Note: MUST BE STREET ADDRESS)	SUITE 1003 AVENTURA FL 33180
(b) Mailing address of limited liability company:	20900 N.E. BOTH AVE.
(Note: MAY BE POST OFFICE BOX)	SUITE 1003 AVENTURA, FL 33180
1/24 7 3010	L 100000 49499
Hay 7, 2010 3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	CHITTED STATES CORP. AGENTS, INC.
Registered Office Address:	
Registered Office Planess.	13302 WINDING DAKS BLYD. STEA THAM PA, EL 358/2-3425
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address:
NEW Registered Agent:	SALOMON NASH
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	20900 H.E. 30TH AUE, STE 100.
	AVENTURA ,FL 33180
If the limited liability company is not organized under the confirmed that after the change or changes are made, the	P (0
confirmed that after the change or changes are made, the and the business office of the registered agent will be iden	Florida street address of the registered office on the case of a Florida limited
and the business office of the registered agent will be ider liability company it is hereby confirmed that the change(of the inemiders of the limited liability company or as other or the operating agreement of the limited liability company	s) was/were authorized by an affirmative voter erwise provided in the articles of organization
or the operating hardenent of the limited liability compan	ny.
Signature of a member of authorized representative of a member	
SALOMON NASH	TE AIDA
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 n	agree to act in this capacity. I further agree to proper and complete performance of my duties
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant Amburgations of my pand Camburgations of my pand accept the obligations of my pand to make the company of this document is being filed to maddress. Therefore confirm that the limited liability company	position as registered agent as provided for in verely reflect a change in the registered office
address, Thereto confirm that the limited liability compar	ny nas been notified in writing of this change.

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