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B. KOHR

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BRICKELL CITY 901 PLAZA UNITS, 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:	
ARIE MREJEN, ESQ. Name of Person	SECON C
ARIE MREJEN, P.A. Firm/Company	نُ
701 W. CYPRESS CREEK RD., SUITE 302 Address	
FORT LAUDERDALE, FL 33309 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ARIE MREJEN, ESQ. at (954) 771-3740	-
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 & 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.

1. Name of the limited liability company:BRI	CKELL CITY 901 PLAZA UNITS, LLC		
2. (a) Principal office address of limited liability co	ompany: ATTN: DELPHINE DRAY		
(Note: MUST BE STREET ADDRESS)	1677 COLLINS AVENUE MIAMI BEACH, FL 33139		
(b) Mailing address of limited liability company:	ATTN: DELPHINE DRAY		
(Note: MAY BE POST OFFICE BOX)	1677 COLLINS AVENUE		
08/24/2012	L10000051020 5		
3. Date of filing/registration in Florida	4. Document number ω		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	ROSEN, STEVEN M ESQ. ي		
Registered Office Address:	5601 BISCAYNE BOULEVARD MIAMI, FL 33137 US		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	ARIE MREJEN, P.A.		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	701 W. CYPRESS CREEK RD SUITE 302 FORT LAUDERDALE ,FL 33309		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby			

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

DELPHINE DRAY

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608 ft.S. On, if this document is being filed to merely reflect a change in the registered office address, I hereby captiful that the limited liability company has been notified in writing of this change.

Signature of Legistered

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00