

Nov 02 11 11:57a
Division of Corporations

Olga Santini

305-856-6122

P. 1

L10000052855Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000261987 3)))



H110002619873ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MF CORPORATE SERVICES INTL
Account Number : I20110000034
Phone : (305) 856-6121
Fax Number : (305) 856-6172SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 NOV -2 AM 8:31

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

11 NOV -2 AM 10:07

TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
NORTH DRIVE BUSINESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

C. LEWIS

NOV 3 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

Nov Q2 11 11:58a Olga Santini

305-856-6122

P. 2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Drive Business 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:

Olga Santini Mas

Name of Person

MF CORPORATE SERVICES INTERNATIONAL

Firm/Company

1541 Brickell Avenue Suite 1806

Address

Miami, Florida 33129

City/State and Zip Code

osantini@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olga Santini

Name of Person

at (305)

8566121

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

Nov 02 11 11:58a Olga Santini

305-856-6122

p. 3

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: North Drive Business LLC2. (a) Principal office address of limited liability company: 1541 Brickell Avenue Suite 1806(Note: **MUST BE STREET ADDRESS**)Miami Florida 33129

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)05/14/2010L10000052855

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CYVA INTERNATIONAL SERVICES LLC

Registered Office Address:

6355 NW 36 STSUITE 401Miami, FL 33166(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:**NEW Registered Agent:**MF CORPORATE SERVICES INTERNA**NEW Registered Office Address:**1541 Brickell Avenue**(MUST BE FLORIDA STREET ADDRESS)**Suite 1806Miami, FL 33129

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

Olga Santini

Printed or typed name of signer

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, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

FILING FEE: \$25.00

INHS18 (05/08)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 NOV -2 AM 8:38

FILED