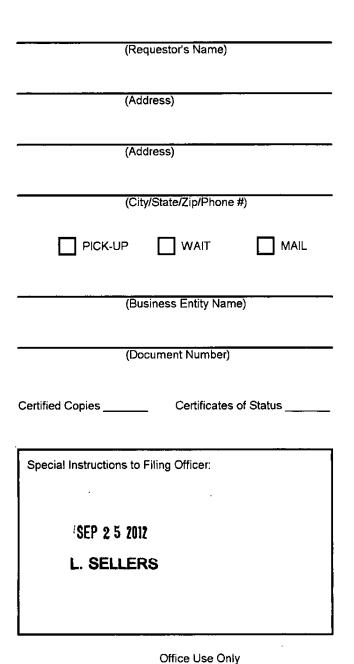
## L10000071462



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SUCKETARY OF STATE

## COVER LETTER

<b>TO:</b> Registration Section Division of Corporations	
SUBJECT:	Merca Real Estate Services, LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/F	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence	oncerning this matter to the following:
Daniel Qui	
Name of Pers	
Merca Real Estate	ervices. LLC
Firm/Compan	
14 NE 1 Ave S	uite 505
Address	
Miami, FL	
City/State and Zip	Code
daniel@mercarea	estate com
daniel@mercarea E-mail address: (to be used for future	nnual report notification)
For further information concerni	g this matter, please call:
	•
Daniel Quintana	at ( 305 ) 350 6700
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADI	RESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circ	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for	e following amount:
<b></b> ✓ \$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.

Name of the limited liability company:	Merca Real Estate Services	
2. (a) Principal office address of limited liability cor	mpany: 14 NE 1 Ave Suite 505	
(Note: MUST BE STREET ADDRESS)	Miami, FL 33132	<del>,</del>
(b) Mailing address of limited liability company:	14 NE 1 Ave Suite 505	
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33132	
10/28/2011	L10000074162	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:	
Registered Agent:	Merkin, Stewart A Esquire	
Registered Office Address:	444 Brickell Ave Suite 300 Miami, FL 33131	
(b) Enter name of <u>NEW Registered Agent</u> and/o <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	Daniel Quintana  14 NE 1 Ave Suite 505	
MUST BE FLORIDA STREET ADDRESS	<u>Miami</u> ,FL <u>3313</u> :	2
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company with organized representative of a member.  Daniel Quintana  Printed or typed name of signee  I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the analysis of the limited liability confirm that the limited liability considered in the limited liability considered address, I hereby confirm that the limited liability considered Registered Agent	the Florida street address of the registered office identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affigurative is otherwise provided in the articles of organization mpany.	vote tion

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