# 10000095765

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2011

ESJASSET MANAGEMENT, LLC MARINE PECLET 20900 NE 30TH AVE, STE. 311 AVENTURA, FL 33180

SUBJECT: BOURQUIN INVESTMENT LLC Ref. Number: L10000095765

We have received your document for BOURQUIN INVESTMENT LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 011A00011576

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Division of Corporations - P.O. BOX 6397 - Tallahasson, Florida 39314

# ST&TEMENT 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: \_\_\_\_\_ BOURQUIN INVESTMENT LLC\_\_\_\_
- 2. (a) Principal office address of limited liability company:

### (Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:

## (Note: MAY BE POST OFFICE BOX)

 3131 NE 188ST, SUITE 1301 AVENTURA FL 33180

3131 NE 188ST, SUITE 1301

AVENTURA FL 33180

L10000095765

4. Document number

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

Registered Agent:

Registered Office Address:

### WORLD CLASS REALTY

2875 NE 191STREET, SUITE 527 AVENTURA FL 33180\_\_\_\_\_

(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>:

**<u>NEW</u>** Registered Agent:

<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) ATRIUM 1301 LLC

20900 NE 30TH AVE, SUITE 311

AVENTURA ,FL33180

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	7	
/		1
GILLES BOURQUIN	)	
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, 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 ttability company has been notified in writing of this change. Signature of Registered Agent ARNAUD SITGON Division of Corporations, P.O. Box 6327, Tallahassee, FL 32313, FILING FEE: \$25.00