L10000122099

	_			
(Requestor's Name)				
11601 Biscayne Blue (Address)	<u>d</u>			
_				
Unit 3204 (Address)	_			
Miami, F1. 33184 (City/State/Zip/Phone #)	_			
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
,	_			
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
ALL AHASSEE FRANCE

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.

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I. Na	me of the limited liability company: Optimu	s US 801 N.W. 47th Ave. I, L.L.C.
2. (a)	Principal office address of limited liability compar	ny: 11601 Biscayne Blvd.
, ,	(Note: MUST BE STREET ADDRESS)	Unit 3204
		Miami, FL 33184
(b)	Mailing address of limited liability company:	11601 Biscayne Blvd.
	(Note: MAY BE POST OFFICE BOX)	Unit_3204
		Miami, FL 33184
	11-24-10	L10000122099
3. Dat	te of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown on	A∰ W
	Registered Agent:	CT Corporation System
	Registered Office Address:	1200 S. Pine Island Rd. Plantation, FL 33324
(b)	Enter name of NEW Registered Agent and/or NE	W Registered Office address
` ,		- · · · · · · · · · · · · · · · · · · ·
	NEW Registered Agent:	Carlos Castro
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	c/o Castro & Ramirez P.A. 1805 Ponce de Leon Blvd., #500 Coral Gables ,FL33134
confirmand the liability of the confirmation or the OPTI	imited liability company is not organized under the ned that after the change or changes are made, the le business office of the registered agent will be idenly company, it is hereby confirmed that the change (smembers of the limited liability company or as othe operating agreement of the limited liability compan MUS US PROPERIES HOLDINGS, L.L.C.	Florida street address of the registered office atical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote arwise provided in the articles of organization

BY: RONAN GUILFOYLE, ITS MANAGER

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 liability company has been notified in writing of this change.

Signature of Registered Agent

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.

ageni, or both, in the state of Morida.	
1. Name of the limited liability company:Optim	nus US 801 N.W. 47th Ave. I, L.L.C.
2. (a) Principal office address of limited liability comp	pany: 11601 Biscayne Blvd.
(Note: MUST BE STREET ADDRESS)	Unit 3204 Miami, FL 33184
(b) Mailing address of limited liability company:	11601 Biscayne Blvd.
(Note: MAY BE POST OFFICE BOX)	Unit 3204 Miami, FL 33184
11-24-10	L10000122099
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of Registered Agent: Registered Office Address:	on the records of the Florida Dept. of State: CT Corporation System 1200 S. Pine Island Rd. Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	Carlos Castro
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	c/o Castro & Ramirez P.A. 1805 Ponce de Leon Blvd. #500 Coral Gables ,FL 33134
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other than the change of the members of the limited liability company or as other than the change of the members of the limited liability company or as other than the change of the members of the limited liability company or as other than the change of the members of the limited liability company or as other than the change of the limited liability company or as other than the change of the limited liability company or as other than the change of the limited liability company or as other than the change of the limited liability company or as other than the change of the liability company or as other than the change of the liability company or as other than the change of the liability company or as other than the change of the liability company or as other than the change of the liability company or as other than the change of the liability company or as other than the change of the liability company or as other than the change of the liability company or as other than the change of the liability company or as other than the change of the liability company or as other than the change of the liability company or as other than the change of the liability company or as other than the change of the liability company or as other than the change of the liability company or as other than the change of the liability company or as other than the change of the liability company or as other than the change of the liability company or as other than the change of the liability company of the liab	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote

or the operating agreement of the limited liability company.

OPTIMUS UŠ PROPERTIES HOLDINGS, L.L.C.

Signature of a member or authorized representative of a member

BY: RONAN GUILFOYLE, ITS MANAGER

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 liability company has been notified in writing of this change.

Signature of Registered Agent

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