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(Re	equestor's Name)			
, (Ac	ddress)			
(Ac	ddress)			
(Ci	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
	Certificates of Status			
Special Instructions to	Filing Officer:			

Office Use Only

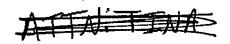


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2012 MAY 25 PH 4: 42 SECRETARY DE STATE

> J. SAULSBERRY EXAMINER MAY 25 2012



COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT:	Miani	V

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:

Valerie ORR Name of Person	, SEC	7107
Miani Whole Sale Commercial Furniture	RETARY (AHASSEE	1 1 N
2860 West State RJ. 84	OF STATE	74.4 11.1
Fort Lauder de FL 33312 City/State and Zip Code	•	
Vala arra valanca a		

E-mail address: (to be used for future amount report notification) For further information concerning this matter, please call:

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
	

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: Miami	WholeSale Commercial Turniture
2. (a) Principal office address of limited liability compan	
(Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company:	2860 West State Rd. BY Fort Lander Let. FX 33310
(<u>Note: MAX BE POST OFFICE BOX</u>)	- 10T Levaler de le 17 2 2 2 2
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:	JosephORR
Registered Office Address:	Fort Londer Late P184
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Valerie ork
NEW Registered Office Address:	2860 West State Rd 84
(MÜST BE FLORIDA STREET ADDRESS)	Fort Law Lordale FL 33312
If the limited liability company is not organized under the confirmed that after the change or changes are made, the k and the business office of the registered agent will be identiability company, it is hereby confirmed that the change (so the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office atical. Or, in the case of a Florida limited so was/were authorized by an affirmative vote arrived on the articles of organization
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant I am familiar with and accept the obligations of my process. I hereby confirm that the limited liability compared to the signature of Registered Agent	A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Division of Corporations, P.O. Box 6	327, Tallahassee, FL 323145 (2) (1) (2) (3) (3) (3) (3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
FILING FEE: S	\$25.00 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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