(Requestor's Name) (Address) (Address)	300427856313
(City/State/Zip/Phone #)	04/19/2401020012 **25.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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Office Use Only	4

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

()	6200 Sunset Drive, Suite 505, South Miami, FL 33143			unset Drive, Suite 505,	South Miami, FL 331
(a)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		(b) <u></u>	Mailing address of lin	nited liability company: OST OFFICE BOX)
	12/20/2010		L1000012	29466	
(a)	Date of filing/registration in Florida Thomas O. Wells, P.A.	4.		Document number	er
	Registered Agent and Registered Office shown on the records of	f the Flori	da Dent. of S	itate:	
	540 Biltmore Way				
	540 Biltmore Way Registered Office Address <u>(MUST BE FLORIDA STREET</u>	ADDRE			<i></i>
	Registered Office Address (MUST BE FLORIDA STREET	L			
(b)	Registered Office Address (MUST BE FLORIDA STREET				
(b)	Registered Office Address <u>(MUST BE FLORIDA STREET</u> Coral Gables, F	L	<u>SS)</u>		
(b)	Registered Office Address (MUST BE FLORIDA STREET) Coral Gables	L	<u>SS)</u>		
(b)	Registered Office Address (MUST BE FLORIDA STREET) Coral Gables , F Kang, Steven S. MD Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	L	<u>SS)</u>		

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.

even en Signature of a member or authorized representative of a member

Steven S. Kang

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 605, 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