## L1100015822

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Business Entity Name)						
(Document Number)						
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FILED 2012 JAN 13 PH 1: 25 SECRETARY OF STATE TALLAHASSEE, FLORID



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TO:	Registration Section Division of Corporations					
SUB			WORLD O	F S&V LLC		
Dear	Sir or Madam:					
					4 671	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Pleas	e return all correspondence concerning	ng this mat	ter to the follo	owing:		
	Pierre Rabinowitz Name of Person					
	Pierre Rabinowitz, Esg., L	IC			7 2	
	Firm/Company				ALLIN F	
<u></u>	3610 Yacht Club Drive, Suit Address	FILED 2012 JAN 13 PH 1: 25 SECRETARY OF STATE SECRETARY OF STATE				
	Augentura, Elovido 2210	<b>`</b>			STA STA	
	Aventura, Florida 33180 City/State and Zip Code				RID 25	
					<u>}</u>	
	P.Rabinowitz1@gmail.co	m				
ł	3-mail address: (to be used for future annual repo	t notification)				
For fi	urther information concerning this ma	itter, pleas	e call:			
	Pierre Rabinowitz	,		8546943	•	
<u> </u>	Name of Person	at (	954 ) Area Code	& Daytime Telephone	·····	
	STREET/COURIER ADDRESS:		MAILING A			
	Registration Section Registration Section					
	Division of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63272661 Executive Center CircleTallahassee, Florida 32314					
	Tallahassee, Florida 32301		i attanassee,	- 1011QU J &J   7		
	Enclosed is a check for the follow	ing amou	nt:			
	\$25 Filing Fee	م ۲	_	Fee & Certified (	Copy	
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Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in orde agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered						
1. Name of the limited liability company:							
2. (a) Principal office address of limited liability company	y: 3610 Yacht Club Drive, Suite 414						
( <u>Note: MUST BE STREET ADDRESS</u> )	Aventura, Florida 33180						
(b) Mailing address of limited liability company:	3610 Yacht Club Drive, Suite 414						
(Note: MAY BE POST OFFICE BOX)	Aventura, Florida 33180						
February 7, 2011	L11000015822 4. Document number the records of the Florida Dept. of State: Debastos, Paul 6931 NW 32nd Avenue Fort L audordalo, Elorida 33309						
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:	Debastos, Paul						
Registered Office Address:	6931 NW 32nd Avenue Fort Lauderdale, Florida 33309						
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW Registered Office address</b> :							
<b>NEW</b> Registered Agent:	Pierre Rabinowitz						
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3610 Yacht Club Drive Suite 414						
	Aventura ,FL_33180						
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	Iorida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote rwise provided in the articles of organization						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR

BOTH FOR LIMITED LIABILITY COMPANY

Semante of a member of authorized representative of a member phanie Martinez Vincent Mat tines 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.

Made IUN /A Signature of Registered Agent

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