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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

 $_{
m SUBJECT}$. TIFTON FLORIDA, LLC

Name of Limited Liability Company

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:

Gloria Pascual-Willinger

Name of Person

YH&S Accounting & Financial Consultants

Firm/Company

2875 N.E. 191st Street, #302

Address

Aventura, Florida 33180

City/State and Zip Code

gpascual@yhsaccounting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gloria Pascual-Willinger at (305) 935-4160

Name of Person

Area Code & Daytime Telephone Number

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 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	8, Florida Statutes, the undersigned limited to change its registered office or registered		
1. Name of the limited liability company: TIFTON FLORIDA, LLC			
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	2875 N.E. 191ST STREET, #302 Aventura, Florida 33180		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2875 N.E. 191st Street, #302 Aventura, Florida 33180		
March 15, 2011	L11000032102		
3. Date of filing/registration in Florida	l. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of States.			
Registered Agent:	Rogerio M Oliveira		
Registered Office Address:	1000 Brickell Avenue, Suite 215 Miami, Florida 33131		
(b) Enter name of NEW Registered Agent and/or NEW NEW Registered Agent: NEW Registered Office Address:	YH&S Accounting and Financial Consultants , Inc. 2875 N.E. 191st Street, Suite #302		
(MUST BE FLORIDA STREET ADDRESS)	Aventura .FL 33180		
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			
Printed or typed name of signee	-		
I hereby accept the appointment as registered agent and agently with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, lition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.		