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Office Use Only



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APR - 3 2012 T. HAMPTON

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: FRENCH BUSINESS CENTER 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: | | |
| SERGE J. Mane of Person | | |
| Firm/Company | | |
| 1508 PENNSYLVANIA AFINUE #2B | | |
| MIAONIBEAU FZ 33139 City/State and Zip Code | | |
| VALISE 335 Q AOL COM E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| SGRGE J. MASSAT at (914) U41 - 3(09) 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 & Certified Copy | | |
| INHS18 (5/08) | | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

12 APR -2 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 14, 2012

SERGE J MASSAT 1508 PENNSYLVANIA AVE STE 2B MIAMI BEACH, FL 33139

SUBJECT: FRENCH BUSINESS CENTER, LLC

Ref. Number: L11000068712

We have received your document for FRENCH BUSINESS CENTER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 812A00009282

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.

| 9 | |
|--|--|
| 1. Name of the limited liability company: FRENCE | I BUSINESS CENTER LLC |
| 2. (a) Principal office address of limited liability compar | 14: 1508 PENNSYLVANIA AVE # |
| (Note: MUST BE STREET ADDRESS) | MIAMI BEACH FL 33139 |
| (b) Mailing address of limited liability company: | SAME AS ABOVE |
| (Note: MAY BE POST OFFICE BOX) | |
| コロルモ 13 1201 3. Date of filing/registration in Florida | <u>L11000068712</u> 4. Document number |
| 5. (a) Registered Agent and Registered Office shown or | the records of the Florida Dept. of State: |
| Registered Agent: | CORPORATION SERVICE COMPANY |
| Registered Office Address: | 1201 HAYS STREET |
| | TALLAHASSEE, FL 32301 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | EW Registered Office address: |
| NEW Registered Agent: | SERGE J. MASSAT |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1508 PENNSYLVANIA, #2B |
| | MIAONI BEACH ,FL 33139 |
| 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 idealiability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of member or authorized representative of a member | Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vere erwise provided in the articles of organizations by |
| runted or typed name of signee | RY OF STATE CORPORATION AND BEE STATE Agree to act in this capacity. I further great to |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability company. | roper and complete performance of my duties, osition as registered agent as provided for in serely reflect a change in the registered office my 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