## 111000071448

| (Red                      | juestor's Name)  |              |
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| PICK-UP                   | ☐ WAIT           | MAIL         |
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| (Doc                      | ument Number)    |              |
| Certified Copies          | Certificates     | s of Status  |
| Special Instructions to F | iling Officer:   |              |
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T. CLINE
SEP 19 2011
EXAMINER

## **COVER LETTER**

| TO:    | Registration Section Division of Corporations  |             |                   |                  | . •                             |                     |             |                 |
|--------|--|-------------|-------------------|------------------|---------------------------------|---------------------|-------------|-----------------|
| SUB.   | ·  | E TEML      |                   |                  | <del></del>                     | <br>                | _           |                 |
| Dear   | Sir or Madam:  |             |                   |                  |                                 |                     |             |                 |
| The e  | nclosed Registered Agent/Register  | ed Office   | Change            | e and fee(s      | s) are submitted for t          | filing.             |             | •               |
| Please | e return all correspondence concerr  | ning this n | atter to          | the follo        | wing:                           |                     |             |                 |
|        |  |             |                   |                  |                                 | ,                   |             |                 |
|        | Kyle R. Saxon, Esq   |             |                   |                  | ,                               |                     |             |                 |
| •      | Name of Person   |             |                   | <del></del>      |                                 |                     |             |                 |
|        | Catlin Saxon Fink & Kolsk  | d. LLP      |                   |                  |                                 |                     |             |                 |
|        | Firm/Company   |             |                   |                  |                                 |                     |             |                 |
|        | 2600 Douglas Road, Suite<br>Address  | e 1003      |                   | _                |                                 | SECH                | 2011 \$     | يوميدو <u>د</u> |
|        | Coral Gables, FL 331 City/State and Zip Code   | 34          |                   |                  |                                 | RETARY O            | SEP 16      | and a           |
| E      | kylesaxon@catlin-saxon   | .com        | on)               | _                |                                 | IF STATE<br>FLORIDA | AH 85       |                 |
| For fu | erther information concerning this r   | natter, ple | ase call          | :                | •                               |                     |             |                 |
|        | Kyle R. Saxon  Name of Person  | at (_       | 305               | )<br>Area Code & | 371-9575  Daytime Telephone Num | ber                 | <del></del> |                 |
|        | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 |             | Reg<br>Div<br>P.C | Box 6327         | ection<br>orporations           |                     |             |                 |
|        | Enclosed is a check for the follo  | wing amo    | ount:             |                  |                                 |                     |             |                 |
|        | \$25 Filing Fee  |             | ☐] <b>\$</b> 5    | 5 Filing F       | ee & Certified Cop              | v                   |             |                 |

## 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:   | THE TEMLING GROUP, LLC  |  |  |  |  |
|---|---|--|--|--|--|
| 2. (a) Principal office address of limited liability con  | npany:  | 888 Bric   | 888 Brickell Key Drive   |  |  |
| (Note: MUST BE STREET ADDRESS)  |   | 2508<br>ni, FL 33131   | <del></del>  |  |  |
| (b) Mailing address of limited liability company:   |   | 888 Brickell Ke  | ey Drive   |  |  |
| (Note: MAY BE POST OFFICE BOX)  | No. 2508<br>Miami, FL 33131   |  |  |  |  |
| June 20, 2011   |   | L11000071448   |  |  |  |
| 3. Date of filing/registration in Florida   | 4. Do   | cument number  |  |  |  |
| 5. (a) Registered Agent and Registered Office shows   | n on the rec  | ords of the Florida  | Dept. of St  | tate:  |  |
| Registered Agent:   | <u>Arvir</u>  | n Peltz  |  | ·  |  |
| Registered Office Address:  | 500   | Mary Street  | <b>7</b> SEQ   | 2  |  |
|   | <u>Mian</u>   | ni, FL 33133   |  | O)   |  |
| (b) Enter name of NEW Registered Agent and/or   | NEW Reg   | istered Office add   | Iress A  | <u>o</u>   |  |
| <u><b>NEW</b></u> Registered Agent:   | <u>Kyle</u>   | R. Saxon, Esq.   | 0F \$1   |  |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | Suite   | Douglas Road<br>1003<br>Gables   | RATE<br>,FL <u>3</u>   | 3134   |  |
| If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be iliability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability com | the laws of<br>the Florida sidentical. C<br>ge(s) was/w<br>otherwise p<br>pany. | the State of Florid<br>street address of the<br>or, in the case of a I<br>/ere authorized by<br>rovided in the artic | la, it is here<br>e registered<br>Florida limi<br>an affirmati<br>les of organ | by<br>office<br>ited<br>ive vote<br>nization               |  |
| Peter Temling, Managing Member  |   |  |  |  |  |
| Printed or typed name of signee   |   | -  | ,  |  |  |
| I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability com   | ind agree to<br>be proper an<br>in position of<br>the merely re<br>inpany has b | act in this capacit<br>ad complete perfori<br>as registered agent<br>flect a change in th<br>een notified in writ    | y. I further<br>nance of my<br>as provided<br>the registered<br>ting of this d | · agree to<br>y duties,<br>d for in<br>d office<br>change. |  |
| Signature of Registered Agent   |   |  |  |  |  |

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