(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Ви	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer: A. LUNT		
		30 2011 MINER
,		

Office Use Only



900230699009

04/26/12--01014--025 **25.00

COVER LETTER

TO: Registration Section Division of Corporations			
	S+ow LLC nited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitte	ed for filing.	
Please return all correspondence concerning thi	is matter to the following:		
KERRY MARSH Name of Person			
Firm/Company		2012 APR	
517 IDLEWYLD DRIVE		26	1.2
Ft. Louderdale FL. 3330 City/State and Zip Code		PLORIDA	,
Kerrymmarshe qmail email addless: (to be used for future annual report notification)	€ COM Tication)		
For further information concerning this matter,	please call:		
Name of Person	at (<u>954)</u> <u>463 - 5402</u> Area Code & Daytime Telepho	Lone 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 a	amount:		
∑ 1\$25 Filing Fee	\$55 Filing Fee & Certifie	ed 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 608.508, 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.

B,,	
1. Name of the limited liability company: AVIARA	HOUSTON LLC
2. (a) Principal office address of limited liability compan	y: 517 IDLEWYLD DRIVE
(Note: MUST BE STREET ADDRESS)	Ft. Louderdole FL. 33301
(b) Mailing address of limited liability company:	P.O. BOX 11571
(Note: MAY BE POST OFFICE BOX)	Ft. Louderdole FL. 33339
June 29, 2011	L 11000074506
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:	C.S.C. Corpsidtin Service Compa
Registered Office Address:	1201 Hays Street
	TALLAHASSEE , FL 32301
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	KERRY MARSH
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	517 IDLEWYLD DRIVE
Mesi De i Eokida Sireei Addressj	Ft. Lauderdale ,FL 3330
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden 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. Signature of a member or authorized representative of a member	Florida street address of the registered office stical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Vana March	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the praid and I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
Signature of Registered Agent	y nus ocen nonneu in writing of this chang

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