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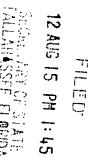
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K. SALY EXAMINER AUG 16 2012

COVER LETTER

Division of Corpor	ations	
SUBJECT:	Flaming	o Bayside, LLC
	Name of Limite	d Liability Company
Dear Sir or Madam:		
The enclosed Registered A	gent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspon	dence concerning this m	natter to the following:
	an Araujo	•
Firm	Company	
	Road Apt 1036	
	ch Florida 33139	
alanicq(E-mail address: (to be used f	@hotmail.com or future annual report notificati	on)
For further information co	ncerning this matter, ple	ease call:
Alan Arau		305) 7424220 Area Code & Daytime Telephone Number
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida	R ADDRESS: ions er Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a chec	k for the following am	ount:
\$25 Filing Fee		\$55 Filing Fee & Certified Copy

TO: Registration Section

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:	Flamingo Bayside, LLC
2. (a) Principal office address of limited liability company	533, NE 52nd Street
(Note: MUST BE STREET ADDRESS)	Miami - Florida 33137
(b) Mailing address of limited liability company:	533, NE 52nd Street
(Note: MAY BE POST OFFICE BOX)	Miami - Florida 33137 た
Aug. 11, 2011	L11000092351 UT 4. Document number
	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	Monica Souza
Registered Office Address:	533, NE 52nd Street Miami Florida 33137
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	
NEW Registered Agent:	Alan Araujo
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1500, Bay Road Apt 1036
(MODI DE LEGITO) DI RESELTA	Miami Beach ,FL 33139
If the limited liability company is not organized under the leanning confirmed that after the change or changes are made, the Fl 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	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of a member or authorized representative of a member	· -
Printed or typed name of signee	<u></u>
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing of am familiar with and accept the obligations of my polypoter 608, F.S. Or, if this document is being filed to me address, I hereby confign that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

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