Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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A. LUNT

JUL 18 2011

EXAMINER

(((H1)200018.72-41.22))

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 liabilit	y company:	Ariturk Properties I. LLC
2. (a) Principal office address	s of limited liability compan	y: 100 S. Pointe Drive; #908
(Note: MUST BE ST	REET ADDRESS	Miami Beach, FL 33139
(b) Mailing address of lim	ited liability company:	100 S. Pointe Drive; #908
(Note: MAY BE POS	ST OFFICE BOX)	Miami Beach, FL 33139
10/05/2011		L11000113916 S
3. Date of filing/registration is	n Florida	4. Document number
5. (a) Registered Agent and	Registered Office shown on	the records of the Florida Dept of States
Registered Agent:		PBYA Corporate Services TC
Registered Office Add	ress:	200 S. Andrews Ave.; #608 5
(b) Enter name of NEW R	tegistered Agent and/or NE	W Registered Office address:
NEW Registered Age	nt:	Haluk Ariturk
<u>NEW</u> Registered Offic (MUST BE FLORID)	ce Address: 4 STREET ADDRESS)	100 S. Pointe Drive: #600
		Miami Beach ,FL33139
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		
Haluk	Ariturk	
Printed or typed name of signes		
I hereby accept the appointm comply with the provisions of and I am familiar with and ac Chapter 608, FS. Or, if this address, I hereby confirm that Hall Mall Signature of Regimered Agent	ent as registered agent and all statutes relative to the proceed the obligations of my padocument is being filed to me the limited liability compan	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office my has been notified in writing of this change.

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

INHS18 (05/08)