

L11000119486

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000261433 3)))



H11000261433ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FILED
11 NOV -1 AM 057
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
11 NOV -1 AM 7:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE CLAUDIO & FLOR VIZCAYNE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

D. BRUCE
NOV 02 2011
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H11000261433

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: CLAUDIO & FLOR VIZCAYNE LLC
2. (a) Principal office address of limited liability company: 223 EAST FLAGLER ST, STE 430

(Note: **MUST BE STREET ADDRESS**)

MIAMI, FL 33131

- (b) Mailing address of limited liability company:

223 EAST FLAGLER ST, STE 430

(Note: **MAY BE POST OFFICE BOX**)

MIAMI, FL 33131

10/19/2011

L11000119486

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:

CLAUDIO PARROTTA

Registered Office Address:

223 EAST FLAGLER ST, STE 430
MIAMI, FL 33131

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

NEW Registered Agent:

STEWART A. MERKIN, ESQ.

NEW Registered Office Address:

444 BRICKELL AVE, STE 800

(MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL 33131

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

STEWART A. MERKIN, ESQ.

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company 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

IN11518 (05/08)

H11000261433