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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Phone Fax Number

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## LLC REGISTERED AGENT CHANGE CLAUDIO & FLOR VIZCAYNE LLC

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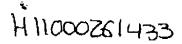
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EMPIRE CORP KIT

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## 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.

•	
i. Name of the limited liability company:CLA	JDIO & FLOR VIZCAYNE LLC
2. (a) Principal office address of limited liability compan	y; 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
S. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	CLAUDIO PARROTTA A
Registered Office Address:	223 EAST FLAGLER ST. STEAS( MIAMI, FL 33131
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	5
NEW Registered Agent:	STEWART A. MERKIN, ERE
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	444 BRICKELL AVE. STEP800
	MIAMI
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F 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 tigal. Or, in the case of a Florida limited was well as well as the case of a Florida limited to the case of a Florida limited was well as the case of
signature of a member or authorized representative of a member	_
STEWART A, MERKIN, ESQ.	-
Printed or typud name of signer	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the present I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to mendatess. I hereby confirm 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 whas been notified in writing of this change.
Signature of Registered Agent	
Division of Cornerations, P.O. Boy 63	27 Tallahassey RI. 32314

FILING FEE: \$25.00

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