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Office Use Only



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DIVISION OF CORPORATIONS

SEP 2 4 2012

T. HAMPTON

COVER LETTER

Division of Corporations	
	ntempo Holdings, LLC f Limited Liability Company
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
Dan da Tariana a	
Randa Turjuman Name of Person	
Name of reison	
Contempo Holdings, LL0	^
Firm/Company	<u> </u>
12	
500 Brickell AVE Suite 28	ι 0 1
Address	
Miami, FL 33131	
City/State and Zip Code	
r turiuman@batmail.com	m
r turjuman@hotmail.cor E-mail address: (to be used for future annual report	rt notification)
For further information concerning this ma	atter, please call:
Randa Turjuman	at (305)965 1887
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS.
Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the follow	ving amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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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.

Name of the limited liability company:	Contempo Holdings, LLC
2. (a) Principal office address of limited liability comp	pany: 500 Brickell Ave Suite 3401
(Note: MUST BE STREET ADDRESS)	Miami, FL 33131
(b) Mailing address of limited liability company:	500 Brickell AVE Suite 3401
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33131
10/28/2011	L1100012371
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:	Merkin, Stewart A Esquire
Registered Office Address:	444 Brickell Ave Suite 300 Miami, FL 33131
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Randa Turjuman 500 Brickell Ave Suite 3401
	Miami ,FL33131
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 Amited 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 of authorized representative of a member	
	3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Randa Turjuman Printed or typed name of signee	
I hereby accept the appointment as registered agent as comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.

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