(Re	questor's Name)	
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SECRETARY OF STATE DIVISION OF CONPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Plaza 3407 LLC 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 concerning this matter to the following:		
Please return all correspondence concerning this matter to the following: Hen Damas Name of Person A Jorno-Cunill & Damas		
, Firm/Company		
1000 Bickell Ave-Svite 1005		
Hiami Cl. 33131 City/State and Zip Code E-mail address: (to be used for future annual report notification) KEV.		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (305) 381-999 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$25 Filing Fee & Certified Copy		

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: Plaza	3407, LLC
2. (a) Principal office address of limited liability compa	ny: 951 Brickell Avenue
(Note: MUST BE STREET ADDRESS)	Unit 3407 Minni Fl 33131
(b) Mailing address of limited liability company:	951 Bickell Avenue
(Note: MAY BE POST OFFICE BOX)	Unit 3407 P
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	Curlos E. Rosales I bergez
Registered Office Address:	951 Brickell By Drive Unit 3407 Migmi Fl 33131
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address: Carlos E. Rosales Ibanez
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	951 Brickell Avenue Unit 3407 Minni ,FL 33131
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability compa Signature of a member or authorized representative of a member Cwlo E. Los ales bank L	e laws of the State of Florida, it is hereby for Florida street address of the registered of Florida in the case of a Flo
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my I Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compa	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office iny has been notified in writing of this change.

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

Signature of Registered Agent

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