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DIVISION OF COMPANYINGS

C. LEWIS
JAN 3 2013
EXAMINER

COVER LETTER ...

TO: Registration Section Division of Corporations

SUBJECT: Agroise Properties, 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:

Alexander Ovchinsky

Name of Person

Agroise Properties LLC

Firm/Company

16275 Collins Avenue, #902

Address

Sunny Isles, FL 33160

City/State and Zip Code

ovchinsa@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander Ovchinsky

...908

397-7910

Name of Person

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

□ \$55 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: Agroise Proper	ties LLC		
2. (a) Principal office address of limited liability comparison (Note: MUST BE STREET ADDRESS)	npany: 16275 Collins Ave, Unit 902 Sunny Isles Beach, FL 33160		
(NOIE: MUST BE STREET ADDRESS)	Curity Isles Boad I, I E 00 100	~ =	
		2012	
(b) Mailing address of limited liability company:	12 Bruce Circle	20 950	
(Note: MAY BE POST OFFICE BOX)	Short Hills NJ 07078	<u> </u>	
		2	
9/6/2012	L12000114356	3	
3. Date of filing/registration in Florida	4. Document number	7: - Table	
		; P	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida D	ent of State:	
o. (a) respisioned rigoric and respisioned strice site with	on the records of the French	opi. or state.	
Registered Agent:	Yvette Betancourt		
2 2			
Registered Office Address:	9425 Sunset Drive, Suite 124		
•	Miami, Florida 33173		
·	**************************************		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office addre	<u>285</u> :	
NEW Registered Office Address:	16275 Collins Ave		
(MUST BE FLORIDA STREET ADDRESS)	Unit 902	<u>, , , , , , , , , , , , , , , , , , , </u>	
INCOLUDI PORIDI STREET TIDDRESS	Sunny Isles Beach	,FL 33160	
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be i liability company, it is hereby confirmed that the chang the members of the limited liability company or as other the operating agreement of the finited liability company. Signature of a member or authorized representative of a member	he Florida street address of the r	registered office	
Printed or typed name of signee			
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the smiled liability com	and agree to act in this capacity. The proper and complete performing position as registered agent a complete perform the interpretable of the pany has been notified in writing the sign when the sign was a sig	I further agree to ance of my duties, is provided for in registered office ig of this change.	

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

Signature of Registered Agent