112000120740

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing: Officer.					
6€7 - U 2823					

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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 605.0114 or 605.0116, 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. N	me of the limited liability company:				
2. (a)	2100 North Ocean Boulevard, #2602		(b)		
2. (u)	Principal office address of limited liability comparts (Note: MUST BE STREET ADDRESS)	ny:	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Fort Lauderdale, FL 33305				
	09/20/2012		L12000	0120749	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Incorporating Services, Ltd.				
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			State:	
	1540 Glenway Drive	130 130			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			State: SECRETARY OF STATE	
	Tallahassee	, FL 323	01	199 로 0	
	Tallandssee	, rL		<u>-</u>	
(b)				<u> </u>	
• • •	Enter name of NEW Registered Agent and/or NEW Reg	istered Office	address:		
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
		<u> </u>			
	Tallahassee	_, FL 3230	1	<u></u>	
change agent v was/we	imited liability company is not organized under to or changes are made, the Florida street address will be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the memicles of organization or the operating agreement of	of the regis ted liability bers of the	ered office company, limited liab	and the business office of the registered it is hereby confirmed that the change(s) wility company or as otherwise provided in	
/s/ Jill Cilmi			ill Cilmi, Au	uthorized Person	
I here provisi the obl	ture of a member or authorized representative of a member by accept the appointment as registered agent an ions of all statutes relative to the proper and comfigations of my position as registered agent as prefer to the proper and comfety reflect a change in the registered office address in writing of this change.	nd agree to aplete perfoi ovided for i ess, I hereby			
	Cermiler		Corporation Service Company		
Signatu	re of Registered Agent	Ami M	Ami M. Casper, Asst. Vice President		