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(Re	equestor's Name)	.		
(Ac	ddress)			
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COVER LETTER

TO: Registration Section Division of Corporations		,
·		
SUBJECT: Biarritz Drive LLC		
Name	of Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and	fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the	following:
William Hirshberg		
Name of Person		
Firm/Company		
POB 402642		
Address		
Miami Beach Fl 33140		
City/State and Zip Code		
whny58@gmail.com		
E-mail address: (to be used for future annua	l report notif	ication)
For further information concerning this matter, p	lease call:	
William Hirshberg	786	570 1813
Name of Person	_ == (Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	М	AILING ADDRESS:
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Та	llahassee, Florida 32314
Enclosed is a check for the following a	mount:	
☑ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy
INHS18 (2/14)		

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.

1. Na	me of the limited liability company: Biarritz Drive	LLC		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1940 Biarritz Drive	<u>,</u> P	POB 416540	
	Miami Beach FI 33141		Miami Beach Fl 33141	
	October 1, 2012	L1	12000124621	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Urban Resource Inc.			
J. (u)	Registered Agent and Registered Office shown on the records of Attn Daniel Veitia			
	Registered Office Address (MUST BE FLORIDA STREET 1193 71st st	ADDRESS)		
	Miami Beach , FI	_33141	28	
(b)	William Hirshberg Enter name of NEW Registered Agent and/or NEW Registered	d Office addres	# 100 28 PH 2:	
	NEW Registered Office Address:		ライス () () () () () () () () () (
	6799 Collins Ave Apt 806			
	Miami Beach , FI	33141		
the cha agent w was/we	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the register iability composite of the limited	ered office and the business office of the regist apany, it is hereby confirmed that the change(seed liability company or as otherwise provided	tered
	MM HURLIN	Willian	am Hirshberg	
I herei provisi the obl to mere notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. The of Registered Agent	ree to act in e performanc ed for in Cha hereby confi	Printed or typed name of signee in this capacity. I further agree to comply with ace of my duties, and I am familiar with and ac apter 605, F.S. Or, if this document is being f firm that the limited liability company has bee	the ecept filed en

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