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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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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. 1. Name of the limited liability company: LBM VENTURES, LLD 2. (a) Principal office address of limited liability company; 1000 VENETUAL WAY, UNIT 101 (Note: MUST BE STREET ADDRESS) MAMI, FL 33139 (b) Mailing address of limited liability company: 1000 VENETAN WAY, UNIT 101 (Note: MAY BE POST OFFICE BOX) MIAM. FL 33138 L13000053619 3. Date of filing/registration in Florida Document number. 33 (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of Sizie: ريت 170 UNDA BARROCAS-MEYER Registered Agent: Registered Office Address: 711 BUTTO: WOOD LAVE MAN. A. 33137 ्र 4.3 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: 1000 VENETIAN WAY, UNIT 101 NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) MAM FL 33130 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 limited liability company, it is bereby 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 afferting agreement of the limited liability company. Signature of a mumber or authorized representative of a maga LINDA BARROCAS-MEYER Printed or typed name of signes I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I pereby confirm that the limited liability company has been notified in writing of this change. ignature of Bégislered Agent Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

. FILING FEE: \$25.00

INH518 (05/08)