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DEC 1 1 2013

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dioscuri Capital Management 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:

Renee Barry

Name of Person

Registered Agent Pros, LLC

Firm/Company

7609 Greystone Drive

Address

Bayonet Point, FI 34667

City/State and Zip Code

csg@capitalmanagementservicesgroup.com

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

For further information concerning this matter, please call:

Michelle Schwenneker

_{a.} (15

984-5202

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 comp	pany: Dioscuri Capital Ma	inagement LLC	
2 (-) Deinsing Comment Lance - 61: -	. (4		
2. (a) Principal office address of lin (Note: MUST BE STREET		Suite 430 - 70K	<u> </u>
(Note: MUSI BE STREET	ADDRESS)	Miami, FI 33131	7000
			<u> </u>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		1110 Brickell Avenue	
		Suite 430 - 70K	(0 to Ch
\ <u></u>		Mlami, Fl 33131	芸さるこ
			75 3
July 10, 2013		L13000098176	Fos :
3. Date of filing/registration in Florida		4. Document number	82.0
o. Date of ming regionalion in viola		,,	<u>Ö</u> m
5. (a) Registered Agent and Registe	ered Office shown	on the records of the Florid	a Dept. of State:
J. (a) Mognitor Da Algorit and Mognitor	orthe bacomi		a z spil sa z talis.
Registered Agent:		Jose Maria Zabla Bolado	
Registered Office Address:		100 Meridian Avenue	
_		No. 233	
		Miami Beach, FI 33139	
NEW Registered Agent: NEW Registered Office Address:		Registered Agent Pros. LLC	
		7609 Greystone Drive	
<u>(MUST BE FLORIDA STR</u>	<u>eei addressj</u>	Bayonet Point	FL 34687
			,ı <u>D - ;</u>
If the limited liability company is not confirmed that after the change or chand the business office of the register liability company, it is hereby confirm the members of the limited liability of the operating agreement of the limited liability of the limited liability of the operating agreement of the limited liability of the operating agreement of the limited liability of the	anges are made, the red agent will be id med that the change company or as other d liability company	e Florida street address of t entical. Or, in the case of a e(s) was/were authorized by wise provided in the article	he registered office a Florida limited v an affirmative vote of
Printed or typed name of signee I hereby accept the appointment as comply with the provisions of all standard am familiar with and accept the Chapter 608, F.S. Or, if this docume address, I hereby confirm that the line	registered agent an tules relative to the e obligations of my ent is being filed to nited liability comp	d agree to act in this capa proper and complete perfo position as registered age merely reflect a change in any has been notified in w	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.
Signature of Registered Agent			

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