Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130002823973)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BAKER & MCKENZIE

Account Number: 074222002135 Phone

: (305)789-8900

Fax Number

: (305)789-8953

Re our file # : 50248185.000001

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

cecilia.reategui@bakermckenzie.com Email Address:

## LLC REGISTERED AGENT CHANGE **MYBRICKELL 2504 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

12/27/2013 3:58:12 PM PAGE

1/001

Fax Server



December 27, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MYBRICKELL 2504 LLC 444 BRICKELL AVENUE SUITE 51-2184 MIAMI, FL 33131

SUBJECT: MYBRICKELL 2504 LLC

REF: L13000130915

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The company listed as registered angent must be listed as it is on our data base.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H13000282397 Letter Number: 613A00029201

RECEIVED

14 JAN -6 PM 3: 52

RECHEIVARY OF STATE
TALLAHASSEE FI ORDINA

(((H13000282397 3)))

## STATEMENT OF CHANCE 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:	MYBRICKELL 2504 LLC
2. (a) Principal office address of limited liability of (Noist MUST BE STREET ADDRESS)	company:
(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	S. C.
09/16/2013	L13000130915 AG
3. Date of filing/registration in Florida	4. Document number 79
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Rogistered Agent:	THE GECKA GROUP, INC.
Registered Office Address:	9360 SW 72 STRRET SUITE 232 MIAMI, FL 33173
(b) Enter name of NEW Registered Ausnit and	or NEW Registered Office address:
NEW Registered Agent:	Elliot I. Lowenstein
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	2100 SALZEDO ST. SUITE 303 CORAL CABLES,FL_33134.
If the limited liability company is not organized unceonfirmed that after the change or changes are made and the business office of the registered agent will! liability company, it is hereby confirmed that the change is not the members of the limited liability company or as a the operating agreement of the limited liability company of the operating agreement of the limited liability company of the operating agreement of the limited liability company of the operating agreement of the limited liability company of the operating agreement of the limited liability company of the operation of the limited liability company of the liability compa	der the laws of the State of Florida, it is hereby at the Florida street address of the registered office on identical. Or, in the case of a Florida limited range(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or pany.
MARIA N. SOCI DE CONDE, Manager	
Printed or typed name of signice	<del></del>
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familia: with and accept the obligations of (hapter 608, F.S. Or, if this document is being fille address, I hareby confirm that the limited liability of	nt and agree to got in this capacity. I further agree to the proper and complete performance of my duties, I my position as registered agent as provided for in the newly reflect a change in the registered office ompany has been not fled in writing of this change.
Signature of Registered Agent ELLIOT I LOWENSTE	Īn
	Box 6327, Tallahassec, FL 32314 PRE: \$25,00

[NHS 18 (05/08)