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EXAMINER

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. The name of the limited liability company is: BRICKELL INTERIORS, LLC					
2. The mailing address of the limited liability company is: 444 BRICKELL AVE.					
SUITE 900, MIAMI FL 33131					
08/07/1998		L9800	00001382		
3. Date of filing/registration in Florida 4. Docum			ocument num	ber	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:					
-	LEGAGNEUR, NATHALI	Ē			
Name					
444 BRICKELL AVE. SUITE 900					
Address					
MIAMI FL 33131					
City, State and Zip				SS	
6. The name and address of the new registered agent and/or office:					
C T Corporation System					
Name 1200 South Pine Island Road					
Florida street address (P.O. Box NOT acceptable)					
·	Plantation	FL	33324		
	City, St	ate and Zip			
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 hereby 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 organization agreement of the limited liability company. (Signature of a member or authorized representative of a member)					
Anthony LiCausi, Attorney in Fact					
(Printed or typed name of signee)					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I fereby confirm	intment as registered agus of all statutes relative ad accept the obligations this document is being finited liability of the limited liability	ent and agree to to the proper and of my position a led to merely refl company has be Anthony	act in this cap d complete per s registered a lect a change ennatified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
(Signature of Registery Agent) Vice President					
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00					

INHS18 (8/05)