## M0000000554

Douglas Grand						
Daylas Gand (Requestor's Name)  50 Menores Avenue (Address)						
Miami 91, 33134 (City/State/Zip/Phone #)						
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SELICE DANY OF SOME AND AND ANASSEE FLORIDA

## 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.

DOUGLAS ROAD PARTNERS, LLC

1. The name of the	he limited l	iability compa	ny is:	UGLA	AS ROAD PARTNERS, LL	
2. The mailing ac	ddress of th	e limited liabil	lity company is:	232	ANDALUSIA AUE.	
SUITE 3	300,	CORAL	GABLES,	FL.	33/34	
3/	22/20	ooo in Florida	·	MO	0000000554	
3. Date of filing/	registration	in Florida	<del></del>		iment number	
5. The name of the Florida Departs	ment of Sta	te:			as shown on the records of the	
	-	DUKIN	Name	1229	<del></del>	
		2601 5	OUTH BAYS	HORE	DRIVE 10th FLOOR	
			Address  FL. 33/ City, State and Zi			
6. The name and	address of t	he new registe	red agent and/or o	office:	E.	
		RAFAE	4 A. SA	NCHI	FZ 23	
RAFAEL A. SANCHEZ  Name  232 AN DALUSIA AUE. SUIZE  Florida street address (P.O. Box NOT acceptable)						
		232 An	ddress (P.O. Box	<i>A VE</i> ,	sentable)	
	,	1011da sarcora	daress (1.0. Dox	1101 400	opinion)	
	(0	RAL GAG	Eity, State and Zip	3/39	A SECOND	
					0 74	
confirmed that affi and the business of liability company the members of it the operating agre	ter the chan office of the , it is hereb- ne limited li ement of the	ge or changes registered age y confirmed the ability companies in the companies of the comp	are made, the Florent will be identicated the change(s) was otherwise lity company.	ws of the rida stree al. Or, in was/were provided	State of Florida, it is hereby t address of the registered office the case of a Florida limited authorized by an affirmative vote of d in the articles of organization or	
(Signature of a member RAFA & (Printed or typed name		_	member)			
			yad accept and accept		in this command. I findly a sound to	
Thereby diccept in the pand I am familiar Chapter 608, F.S. address, I hereby	rovisions o with and a Or, if this confirm the	ient as registe fall statutes recept the oblig document is but the limited lift.	rea agent una ugr elative to the prop glions of my posi, eino filed to mere iability company f	ee to act er and co tion as re ly reflect has been	in this capacity. I further agree to opplete performance of my duties, egistered agent as provided for in a change in the registered office notified in writing of this change.	
(Signature of Registere						
	Division o	f Corporation	ns, P.O. Box 6327	7, Tallah	assee, FL 32314	
INHS18(10/99)		F	FILING FEE: \$2:	5.00		