## M03000002746

(	Requestor's Name)			
- (	(Address)			
(	(Address)			
	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
	Business Entity Name)			
(	Document Number)			
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer:				

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J. BRYAN JUL 28 2004



UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, Florida 32301 (850) 681-6528

HOLD
FOR PICKUP BY
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July 28, 2004

## CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

U.	CHULLY	Marca	ı His	panic LLC	_ (0) 2 0 00.	
	Filing Evidence  ☑ Plain/Confirmation		y		Type of Docum Certificate of Sta	
	□ Certified Copy				Certificate of Go	od Standing
					Articles Only	
	Retrieval Reque	est			All Charter Docs Articles & Amer Fictitious Name	Certificate
	□ Certified Copy				Other	2004 JUL 28 PH 1: 15
	NEW FILINGS			AMENDMENTS		TANSS P
	Profit			Amendment		The state of the s
	Non Profit			Resignation of RA Of	ficer/Director	917 5
	Limited Liability		x	Change of Registered	Agent	声影
	Domestication			Dissolution/Withdraw	al	
	Other			Merger		
						_
	OTHER FILINGS			REGISTRATION/QU	JALIFICATION	
	Annual Reports			Foreign		
	Fictitious Name			Limited Liability		
	Name Reservation			Reinstatement	- <del></del>	
	Reinstatement			Trademark		

Other

## 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 compa	ny is: Marca Hispanic LLC
2. The mailing address of the limited liabi	lity company is : 1320 South Dixie Highway
Miami, Florida 33146	
August 19, 2003	M0300002746
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the Florida Department of State:	e registered office address as shown on the records of the
	ervice Company
1201 Hays St	Name reet The Name
Tallahassee,	reet  Address Florida 32301-2525  City, State and Zip  reed agent and/or office:  rate Services, Inc.  Name adeland Blvd., Suite 508
	City, State and Zip
6. The name and address of the new register	ered agent and/or office:
<u> </u>	rate Services, Inc.
9200 South D	Name adeland Blvd., Suite 508
Florida street a	ddress (P.O. Box NOT acceptable)
Miami	<sub>FL</sub> 33156
(	City, State and Zip
confirmed that after the change or changes and the business office of the registered ag liability company, it is hereby confirmed the	nized under the laws of the State of Florida, it is hereby are made, the Florida street address of the registered office ent will be identical. Or, in the case of a Florida limited that the change(s) was/were authorized by an affirmative vote of my or as otherwise provided in the articles of organization or illity company.
(Signature of a member or authorized representative of a	member)
Stuart M. Zolot, Authorized Person	
(Printed or typed name of signee)	
I hereby accept the appointment as registe comply with the provisions of all statutes r and I am familiar with and accept the oblic Chapter 608, F.S. Or, if this document is laddress, I hereby confirm that the limited is	ered agent and agree to act in this capacity. I further agree to elative to the proper and complete performance of my duties, gations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office jability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

(Signature of Registered Agent)

**FILING FEE: \$25.00**