## M03000003576

(Requestor's Name)		
(Address)		
(Address)		
(		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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(Document Number)		
(Document Number)		
Certified Copies Certificates of Status		
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T. CLINE

NOV 1.3 2009

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. Name of the limited liability company:	American Residential Equities, LLC	
2. (a) Principal office address of limited liability of	company:	
(Note: MUST BE STREET ADDRESS)	848 Brickell Avenue, Penthouse Miami, Florida 33131	
(b) Mailing address of limited liability compan	y: Same as above.	
(Note: MAY BE POST OFFICE BOX)		
10/20/2003	M03000003576	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office sh	own on the records of the Florida Dept. of State:	
Registered Agent:	Lisette de Padua	
Registered Office Address:	848 Brickell Avenue, Penthouse Miami, Florida 33131	
(b) Enter name of <b>NEW Registered Agent</b> and	d/or NEW Registered Office address:	
NEW Registered Agent:	William Hirschkowitz	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Same address as above	
	,F	
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 operating agreement of the limited liability company.  Signature of a member or authorized representative of a member		
Jeffrey Kirsch, Authorized Signatory		
Printed or typed name of signee		
A.	ent and agree to act in this capacity. I further agree to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.	
Signature of Registered Agent		

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