M0500000000904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
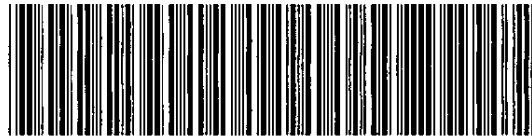
(Business Entity Name)

(Document Number)

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J. BRYAN

JUN 1 2 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____ __NEXT IP, LLC__ _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

__EPHRAM YEOSHOUA__
Name of Person

__NEXT IP, LLC__
Firm/Company

__100 N BISCAYNE BLVD SUITE 902__
Address

__MIAMI, FL 33132__
City/State and Zip Code

__effi@nextcommunications.com__
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

__Ephram Yeoshoua__ at (__305__) __356-4513__
Name of Person   Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

[✓] $25 Filing Fee   [ ] $55 Filing Fee & Certified Copy

INHS18 (5/08)

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: **Next IP, LLC**

2. (a) Principal office address of limited liability company: **100 N Biscayne Blvd**
   ☑
   (Note: MUST BE STREET ADDRESS) Suite 902
   Miami, Fl 33132

   (b) Mailing address of limited liability company: **100 N Biscayne Blvd**
   ☑
   (Note: MAY BE POST OFFICE BOX) Suite 902
   Miami, Fl 33132

   _____ 4/23/09 _____   _____ M05000000904 _____
3. Date of filing/registration in Florida   4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

   Registered Agent: **Alvarez Margarita R**

   Registered Office Address: 100 N Biscayne Blvd
                                    Suite 902
                                    Miami, Fl 33132

   (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

   NEW Registered Agent: Ephram Yoeshoua

   NEW Registered Office Address: 100 N Biscayne Blvd
   (MUST BE FLORIDA STREET ADDRESS) Suite 902
                                    Miami   ,Fl 33132

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

Arik Meimoun
_____
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability 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

INHS18 (05/08)