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(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
(Orty/Otate/Zip/i Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2010 AUG 27 PM 2: 35 SECRETARY OF STATE

G. HARVEY

AUG 30 2010

EXAMINER



Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE: 8/25/2010 FLORIDA

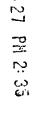
REP UNIT:

SF BERKSHIRE, LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #19701 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767 SECRETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SF BERKSHIRE, LLC Name of Limit	ted Liability Company	-	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	.,,		
Myra Homer			
Name of Person		1510	r-3
Capitol Services Registered Agent	<u>Depart</u> ment	SECRETAR NULAHASS	าก ผม6 27
800 Brazos, Suite 400		ίω ¢a ≺	
Address		ELS.	22
Austin, Texas 78701 City/State and Zip Code		TATE	2: 35
E-mail address: (to be used for future annual report notifica	tion)		
For further information concerning this matter, pl	·		
Myra Homer at (800) 345-4647		
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 an	ount:		
\$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: SF BERI	KSHIRE, LLC			
2. (a) Principal office address of limited liability comp	pany. 1255 N. E. 135th	n Street	TAL	
(Note: MUST BE STREET ADDRESS)	North Miami, FL 3	33161	CHIL	
(b) Mailing address of limited liability company:	2 North Palafox	Street	SEE SEE	
(Note: MAY BE POST OFFICE BOX)	Pensacola, FL 32	502	-n-11	
CIOIDOD			음	
6/9/2008 3. Date of filing/registration in Florida	M08000002733			
5. Date of Hing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown	on the records of the Flori	da Dept. of	State:	
Registered Agent:	National Corporate Research, Ltd., Inc.			
Registered Office Address:	515 East Park Avenue			
	Tallahassee	FL	32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or I	NEW Registered Office a	ddress:		
NEW Registered Agent:	Capitol Corporate Services, Inc.			
NEW Registered Office Address:	155 Office Plaza Drive, Suite A			
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	, FL	32301	
If the limited liability company is not organized under t confirmed that after the change or changes are made, th and the business office of the registered agent will be id liability company, it is hereby confirmed that the chang of the members of the limited liability company or as of or the operating agreement of the limited liability comp	te Florida street address of lentical. Or, in the case of lentical was were authorized by	the register a Florida li	ed office mited	
Eno Roth				
Printed or typed name of signee	*********			
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capa proper and complete perf position as registered age merely reflect a change in any has been notified in w	city. I furth ormance of int as provid the register vriting of thi	er agree to my duties, led for in red office s change.	
Manu Case Delanie Case, Asst. Se	ecretary on			
Signature of Registered Agent behalf of Capitol Corpo	orate Services, Inc.		•	