MU8UUUUU5139

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

Office Use Only



100166359881

10 JAN 19 PH 2: 27

RECEIVED

10 JAN 19 PM 1: 35

DEPARTITION OF STATE

DIVISION OF SEPREPTION OF STATE

ONLY IS NOT THE PROPERTY OF STATE

O

B. KOHR
JAN 1 9 2010

EXAMINER



CORPORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195 •

₽

REFERENCE :

252700

7380A

AUTHORIZATION

COST LIMIT

ORDER DATE: January 15, 2010

ORDER TIME : 11:0 AM

ORDER NO. : 252700-031

CUSTOMER NO:

7380A

CHANGE OF AGENT

NAME: STIEFEL WEST COAST LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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: STIEFEL WEST COAST LLC	
2.	(a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	vest coast llc y: 255 Alhambra Cir 1000 Coral Gables, FL 33134
	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	255 Alhambra Circle 1000 Coral Gables, FL 33134
N	ovember 21, 2008	M08000005139
3.	Date of filing/registration in Florida	4. Document number
5.	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	Registered Agent:	C T Corporation System
	Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	NEW Registered Agent:	Corporation Service Company
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
		Tallahassee ,FL 32301
iha off her	he limited liability company is not organized under the tafter the change or changes are made, the Florida stre ice of the registered agent will be identical. Or, in the ceby confirmed that the change(s) was/were authorized bility company or as otherwise provided in the articles of	et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limite

d limited liability company

a member or authorized representative of a member)
Arlene M. Sothern

Assistant Secretary 4 AUTHORIZED REPRESENTATIVE

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.

Corporation Service Company

By: Gulle Gulle Sylvia Queppet, Asst. VP

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