

M09000001545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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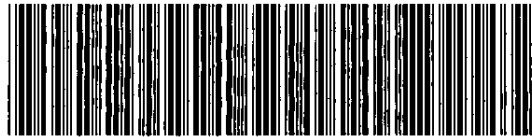
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MAR - 4 2010

EXAMINER



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03/01/10--01023--023 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR - 3 AM 11: 56

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: Miami Collins Avenue III LLC

2. (a) Principal office address of limited liability company: Wolf Heldenstein Adler Freeman & Hertz
☒ (Note: **MUST BE STREET ADDRESS**) Attn: Mark Silberstein
270 Madison Avenue
NYC NY 10016 LLP

(b) Mailing address of limited liability company: _____
☒ (Note: **MAY BE POST OFFICE BOX**) Same as above

04-27-2009
3. Date of filing/registration in Florida

M09000001545
4. Document number

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

Registered Agent: Capital Corp Services, Inc
Registered Office Address: 155 office Plaza Drive
Suite A
Tallahassee FL 32301

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

NEW Registered Agent: _____
NEW Registered Office Address: No change
(MUST BE FLORIDA STREET ADDRESS) _____, FL

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

Gadi Zamir
Printed or typed name of signer

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

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