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L. SELLERS

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EXAMINER

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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 com	pany: Berylian Capital, LLC			
2. (a) Principal office address of lin	nited liability company	: 175 S.W. 7TH STRE	ET, Sulte 161	G S
(Note: MUST BE STREET	ADDRESS)	MIAMI, FL 33130		
(b) Mailing address of limited lia	bility company:	175 S.W. 7TH STRE	EET, Suite 161	15
(Noie: MAY BE POST OF	FICE BOX)	MIAMI, FL 33130	····	
10/01/2009 3. Date of filing/registration in Flori	da .	M09000003884 3. Document number	1	
5. (a) Registered Agent and Registe	ered Office shown on t	he records of the Florida Dept.	of State:	
Registered Agent:		Capital Corporate Services, Inc.		
Registered Office Address:		155 Office Plaza Drive, Sul Tallahassee, FL 32301	te A	
(b) Enter name of NEW Register	red Agent and/or NEV	/ Registered Office address:		
NEW Registered Agent:		Ronald R. Fieldstone, Esq.		
NEW Registered Office Addi MUST BE FLORIDA STRE	EET ADDRESS)	Arnstein & Lehr LLP 200 S Biscayne Blvd, Ste 3 Miami	600 FL33131	
If the limited liability company is not confirmed that after the change or chand the business office of the register liability company, it is hereby confirm of the members of the limited liability or the operating agreement of the limited.	anges are made, the Flored agent will be identioned that the change(s) y company or as otherwated liability company.	tws of the State of Florida, it is orida street address of the regis cal. Or, in the case of a Florida was/were authorized by an affi vise provided in the articles of	thereby stered office a limited irmative vote organization	
Signature of a member of mulforized representation				
Nathan Jariof	1			
I hereby accept the appointshent is from the provisions of difficulting and I am familiar with and facility the Chapter 608, F.S. Or, if the difficulting address, I hereby configuration for the chapter for the configuration of the chapter for the configuration of the chapter for the ch	distered agent and agent	ree to act in this capacity. I fi per and complete performance ition as registered agent as pro- ely reflect a change in the regi- has been notified in writing of		
Signature of Registered Agent				-CARRY
Division of Corpo	rations, P.O. Box 632 FILING FEE: \$2:	7, Tallahassee, FL 32314 5.00		
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