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Special Instructions to	o Filing Officer:	
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D. BRUCE

JUN 2 4 2010

**EXAMINER** 

## **COVER LETTER**

INHS18 (5/08)

TO:	Registration Section Division of Corporations	<b>;</b>					;				
SUBJ	Name of Limited Liability Company						_				
Dear :	Sir or Madam:										
The e	nclosed Registered Agent/	Registered	Office C	hange	and fee	e(s) ar	e submi	tted for	r filin	g.	
Please	return all correspondence	concerning	g this ma	tter to	the fol	lowinį	g <b>:</b>				
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		\ C-1.	-				,	-			
	Kristi J.				_						
	Name of Pers	on									
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	Delray Beach, City/State and Zi		<u> </u>		<del></del>						
	City/State and Zi	p Code									
	k.vick@multiv mail address: (to be used for future	ista.com				,					
E,	mail address: (to be used for future	annual report	notification	)	<del></del>	,					
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For fu	rther information concerni	ng this mat	ter, pleas	se call	:	;					
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	Kristi J. Vick		at (	<u>561</u>	_)	1	272-	2223			_
	Name of Person				Area Code	e & Day	time Tele	phone Nu	ımber		
		NB BOO									
	STREET/COURIER ADI	DRESS:			ILING						
•	Registration Section			-	gistration				•		
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	Tallahassee, Florida 32301										
	Enclosed is a check for	the followi	no amoi	ınt•						•	
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	\$25 Filing Fee			<b>√</b> ] \$5	5 Filing	g Fee a	& Certif	ied Co	ру		

## 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:Mi	amiView of South Florida, LLC					
2. (a) Principal office address of limited liability compa	ny: 277 SE 5th Avenue					
(Note: MUST BE STREET ADDRESS)	Delray Beach, FL 33483					
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)						
(I TOOL IN ALL I DON'T OUT I TOOL DON'T						
December 17, 2009	M0900004927					
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office shown o						
Registered Agent:	Kristi J. Vick					
Registered Office Address:	1344 NW 3rd Avenue  Delray Beach, FL 33444					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	EW Registered Office address  277 SE 5th Avenue					
(MUST BE FLORIDA STREET ADDRESS)						
	Delray Beach ,FL33483					
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company.	Florida street address of the registered office					
1 Vice						
Signature of a member or authorized representative of a member						
Printed or typed name of signee						
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand in the companion of the pand in the limited liability companion.	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change.					

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