M10000004768

questor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
☐ WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
_ Certificates	s of Status	
Special Instructions to Filing Officer:		
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Office Use Only



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DIVISION OF CORPURATION.

C. LEWIS

OCT 17 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: THE ANDAI	LEX GROUP LLC
	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Miriam Katz	
Name of Person	
Vcorp Services, LLC	
Firm/Company	
OF Robert Bitt Drive Suite 204	
25 Robert Pitt Drive, Suite 204 Address	was and the state of the state
Monsey, NY 10952	
City/State and Zip Code	
Cld@difalcofernandez.com E-mail address: (to be used for future annual report notification)	n)
For further information concerning this matter, plea	ise call:
Miriam Katz at (845) 425-0077
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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:	THE ANDALEX GROUP LLC
2. (a) Principal office address of limited liability com	npany: c/o DiFalco & Fernandez, LLLP
(<u>Note: MUST BE STREET ADDRESS</u>)	777 Brickell Avenue, Suite 630 Miami, FL 33131
(b) Mailing address of limited liability company:	c/o DiFalco & Fernandez, LLLP
(Note: MAY BE POST OFFICE BOX)	777 Brickell Avenue, Suite 630 Miami, FL 33131
10/28/2010	M10000004768 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shows	M10000004768 4. Document number n on the records of the Florida Dept. of State:
Registered Agent:	DIEMICALIA DE ESTIMANDEZ LILIE
Registered Office Address:	3301 PONCE DE LEON BLVD.
	SUITE 200 CORAL GABLES FL 33134 US
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:
NEW Registered Agent:	DIFALCO & FERNANDEZ, LLLP
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	777 Brickell Avenue Suite 630 Miami ,FL33131
If the limited liability company is not organized under confirmed that after the change or changes are made, to and the business office of the registered agent will be liability company, it is hereby confirmed that the change the members of the limited fiability company or as cor the operating agreement of the limited liability company or the operating agreement of the limited liability company.	the laws of the State of Florida, it is hereby the Florida street address of the registered office identical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization pany.
Christophe L. DiFalco Printed or typed name of signee	
I hereby accept the appoinment as registered agent a comply with the provisions of all standes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this accument is being filed to address, I hereby confignt that the limited Hability com	and agree to act in this capacity. I further agree to be proper and complete performance of my duties, by position as registered agent as provided for in the office in the registered office of this change.
Signature of Registered Agent .	
Division of Corporations, P.O. Bo FILING FE	•