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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

Division of Corporations
SUBJECT: LA NGSHIPE FLORIDA MANAGEMENT COR (Name of corporation)
DOCUMENT NUMBER: PO 10000 U8420
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARIANELA SUAREZ
(Name of contact person)
(Firm/Company)
(i Aim Company)
1300 BRICKELL AVE.
(Address)
MIAMI, FL 33131
(City/state and zip code)
For further information concerning this matter, please call:
MARIANELA SUAREZ at (305) 679-5880 (Name of contact person) (Area code & daytime telephone number)
(Name of contact person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FLORIDA rto change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	to change its registered office or registered agent, or both, in the state of Florida. The corporation: Langshipe Florida Management Covp. office address: 1300 BRICKELL AVE. MIAMI, FL 33131
	ddress (if different): CARE OF SANTIAGO STEED ELL AVE. MIAMI, FL 33131
4. Date of incorp	poration/qualification: 7 11 2001 Document number: P010000084120
	street address of the current registered agent and registered office on file with the tment of State:
	JUAN PABLO BAYONA
	1300 BRICKELL AVE.
	MIAMI, FL 33131
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office S
	MILAGROS SANCHEZ 28
	1300 BRICKELL AVE
	(P.O. Box NOT acceptable)
	MIAMI, FL 33131
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
IP MULLA	IPBAIDIA DIPECTOR (Printed or typed name and title)
I hereby accept I further agree to of my duties, an document is bein corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the peen notified in writing of this change.
Sign Sign	hanure of Registered Agent) (Date)
If signing on be	half of an entity:
	Vined or Printed Name)

* * * FILING FEE: \$35.00 * * *