M. HODGES

Horidian Constal Properties (Requestor's Name) 4100: NO 25th Ave (Address) Lighthouse Point Fr 33ddf (Address)	700058128167
(City/State/Zip/Phone #)	M. HODGE
(Business Entity Name)	08/05/0501027015 **25.00
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer; Special Instructions to Filing Officer; HA Ch	(2) (2) (3) (4) (4)
1 21 6277	

Office Use Only

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. The name of the limited liability company is: Floridian C	aget I Promote - 111
2. The mailing address of the limited liability company is: 4100 N	•
•	Point, FL 33064.
719/11/18038	10176, 16 33067.
11-15-2004 1040	00082770
	ent number
5. The name of the registered agent and the registered office address as Florida Department of State:	
Corporation Service	e Co
1201 Hays Street	
Tallahassee, FL 32: City, State and Zip	<u>301</u> S
6. The name and address of the new registered agent and/or office:	, t
Robert Goldstein	· · ·
4100 NE 25th Ave	, maren Turk
Florida street address (P.O. Box NOT accep	table)
Lighthouse Print FL 33064 City, State and Zip	
City, State and Zip	
If the limited liability company is not organized under the laws of the St confirmed that after the change or changes are made, the Florida street a and the business office of the registered agent will be identical. Or, in the liability company, it is hereby confirmed that the change(s) was/were and the members of the limited liability company or as otherwise provided in the operating agreement of the limited liability company.	ddress of the registered office
(Signature of a member or authorized representative of a member)	
Robert Goldstein (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in comply with the provisions of all statutes relative to the proper and com and I am familiar with and accept the obligations of my position as region chapter 608, F.S. Or, if this document is being filed to merely reflect a address, I hereby confirm that the limited liability company has been no	this capacity. I further agree to plete performance of my duties, stered agent as provided for in change in the registered office tified in writing of this change.
Kigngetine of Registered Agent)	

FILING FEE: \$25.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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