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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Vertical Realty Advisors LLC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eric Tafari (Name of Person)
Verrical Realty Advisors, UC
101 NF. Third Ave, Suite 1 830
Ft. Landerdale, FL 33301 (City/State and Zip Code)
For further information concerning this matter, please call:
Evic Safori at (954) 537-06/1  (Name of Person) (Area Code & Daytime Telephone Numb
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Close Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
✓ \$25 Filing Fee

## 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: Vertical Realty ADVISO	) RS	M
2. The mailing address of the limited liability company is:		
101 NE Third Ave, Ste 1830 Forg Landerdal, FL 3	3 <u>3</u> (	<u> 10</u>
3. Date of filing/registration in Florida  L 06 00 00 30294  4. Document number		
5. The name of the registered agent and the registered office address as shown on the record Florida Department of State:  Stic Tafari  Name  2455 E. Sunrise Bld Stofo7  Address  City, State and Zip	ds of <b>07</b> 0CT 1:	the DIVISION OF
6. The name and address of the new registered agent and/or office:  FIGORIA  Name  Name  Note 1830  Florida street address (P.O. Box NOT acceptable)  Florida Street address (P.O. Box NOT acceptable)  City. State and Zip	7 PH 2: 03	TLEO RY OF STATE COST PARTIONS

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Enc JAFFARI

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)