## L07000098245

(Re	equestor's Name)			
•	,			
(Ad	ldress)	<del></del>		
		•		
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
· PICK-UP	WAIT	MAIL		
(Bu	ısiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



600175715186

04/22/10--01041--002 \*\*25.00

FILED

10 APR 22 PM 12: 50

SECRETARY OF STATE SECRETARY SEEF FLORIDA

## **COVER LETTER**

TO: Registration Section

Division of Co	rporations			
SUBJECT:	<del></del>			Rentals LLC
	Name or	f Limited	Liability (	Company
Dear Sir or Madam:				
The enclosed Register	ed Agent/Registered	Office C	hange and	fee(s) are submitted for filing.
Please return all corre	spondence concernir	ng this ma	atter to the	following:
	Robert Sherry	<u>.</u>		
	Name of Person			
Kendall Cor	mmerce Park Renta Firm/Company	als LLC	·	
1430 Sou	uth Dixie Hwy Suite Address	317		
	ral Gables, 33146 y/State and Zip Code			
E-mail address: (to be	@sherryrealty.com	rt notificatio	n)	
For further information	n concerning this ma	atter, plea	se call:	
Rober	t Sherry	at (	305 )	233-3100
Name of	Person		Area	Code & Daytime Telephone Number
STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, Flo	porations g Center Circle		Registra Divisior P.O. Bo	NG ADDRESS: ation Section of Corporations ax 6327 ssee, Florida 32314
Enclosed is a	check for the follow	ving amo	unt:	
\$25 Filing	Fee		\$55 Fi	ling 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:	Kendail Commerce Park Rentals LLC			
2. (a) Principal office address of limited liability	company: 1430 South Dixie Hwy			
(Note: MUST BE STREET ADDRESS)	Suite 317 Coral Gables, FL 33146			
(b) Mailing address of limited liability compan	y: 1430 South Dixie Hwy			
(Note: MAY BE POST OFFICE BOX)	Suite 317 Coral Gables, FL 33146			
09/26/2007	L07000098245			
3. Date of filing/registration in Florida	4. Document number			
-5. (a) Registered Agent and Registered Office sh	own on the records of the Florida Dept. of State:			
Registered Agent:	Robert Sherry			
Registered Office Address:	13205 SW 137 Avenue			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address A 5				
NEW Registered Agent:	<u> </u>			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	1430 South Dixie Hwy Suite 317 Coral Gables ,FL33146			
and the basiness office of the registered court will	de, the Florida street address of the registered office			
Robert Sherry Printed or typed name of signee				
I hereby accept the appointment as registered age comply with the provisions of all statules relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fil address, I hereby confirm that the limited liability	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.			

Signature of Registered Agent