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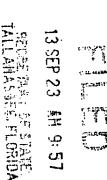
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Office Use Only



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COVER LETTER

TO: **Registration Section Division of Corporations** 24th Avenue Associates 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: Juana Franklin Name of Person Firm/Company 801 Elderberry Way Boca Raton, FL 33486 City/State and Zip Code juanafranklin@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Juana Franklin Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section

Division of Corporations

Tallahassee, Florida 32314

■ \$55 Filing Fee & Certified Copy

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32301

2661 Executive Center Circle

Enclosed is a check for the following amount:

Clifton Building

■ \$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. Name of the limited liability company: 24th Avenue Associa	tes, LLC			
2. (a) Principal office address of limited liability company: 3920 NE 24th Avenue				
(Note: MUST BE STREET ADDRESS)	Lighthouse Point, FL 33064			
(b) Mailing address of limited liability company:	3700 NE 28th Avenue			
(Note: MAY BE POST OFFICE BOX)	Lighthouse Point, FL 33064			
April 24, 2008	L08000041343	,		
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida	ı Dept.	of Sta	ıte:
Registered Agent:	Juana Franklin			
Registered Office Address:	3700 NE 28th Avenue			
	Lighthouse Point, FL 33064			
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office ad	drēss;	13 85	- Sparry
NEW Registered Agent:	Juana Franklin	75 Tel	\ <u>\</u>	.aasaaa
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	801 Elderberry Way	Lo Pil Pirmi erry, Carrer	ω 	्रहर क्या च से सु
(MUST BE FEORIDA STREET ADDRESS)	Boca Raton			186****
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of th cal. Or, in the case of a was/were authorized by	regis Florida an affi	tered of a limit rmativ	office ted ve vote of
·				
Juana Franklin Printed or typed name of signee	_			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provided I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to meadaress, I hereby confirm that the limited liability company	gree to act in this capaci pper and complete perfor sition as registered agen rely reflect a change in t. has been notified in wri	ity. I furmance of as pro he regi iting of	rther of my ovided stered this c	agree to duties, for in office hange.
Signature of Registered Agent				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00