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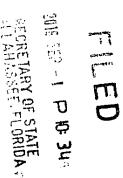
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: J. Milton DadeLand, LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Nurysel Trujillo Name of Person		
United Property Management Firm/Company		
8780 NW 3CAVL Address		
Miami, FL 33147 City/State and Zip Code		
NTrutillo Qunited Property mgt. com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive 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 & Certified Copy		

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

Florida.
1. Name of the limited liability company: J. Milton Dadeland, LLC
2. (a) 3211 Ponce De Leon Blub (b) 3211 Ponce De Leon Blu
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
suite 301 Suite 301
Coral Gables, FL 33134 coral Gables, FL 33134
12/5/00
12/15/09 L0900118919
3. Date of filing/registration in Florida 4. Document number 5 (a) Barker, Rex M
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3211 Ponce De Leon BluD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 301
Coral Galdes, FL 33134
(b) Zarluck, Lynn
Enter name of NEW Registered Agent and/or NEW Registered Office address:
8730 NW 36 tve
NEW Registered Office Address:
STATE 2
Miami ,FL 33147
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 Rex M. Borker Printed or typed name of signee
Signature of a member of authorized representative of a member 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 605, 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
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
// FILING FEE: \$25.00

INHS18 (2/14)