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COVER LETTER

Division of Corporations		
SUBJECT: 388 Goth	military Trail LLC	
SUBJECT: 388 Goth Military Trail LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	te Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Į		
Robert Bailey		
Name of Person		
Firm/Company		
rant/Company		
401 E Las Olas Blvd Suite 130-52 Address	1	
Ft Lauderdale, FL 33301		
City/State and Zip Code		
	•	
goodearthpropman@earthlink.net E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notific	ation)	
For further information concerning this matter, please call:		
Robert Bailey at	(954)463-9099	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section		
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing 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: 401 East Las Olas Blvd 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 130-521 Ft Lauderdale, FL 33301 401 East Las Olas Blvd (b) Mailing address of limited liability company: Suite 130-521 (Note: MAY BE POST OFFICE BOX) Ft Lauderdale, FL 33301 11000106423 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Robert Bailey **NEW** Registered Agent: **NEW Registered Office Address:** 401 East Las Olas Blvd Suite 130-521 (MUST BE FLORIDA STREET ADDRESS) FL33301 Ft Lauderdale 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 Robert Bailey 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

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