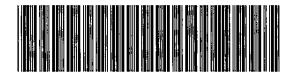
L14000 127776

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone	#)			
PICK-UP WAIT	MAIL			
(Business Entity Name	e)			
(Document Number)				
Certified Copies Certificates	of Status			
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration Section

Division of Corporations					
3601 REAL PROPERTIES, L	3601 REAL PROPERTIES, LLC				
SUBJECT: Name	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	e Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the f	following:			
Daw Harra					
Patti Heaps		<u>_</u>			
Name of Person					
3601 REAL PROPERTIES, LLC					
Firm/Company		_			
4150 SW 28th Way					
Address		_			
Fort Lauderdale, FL 33312					
City/State and Zip Code		_			
pheaps@greathealthworks.com					
E-mail address: (to be used for future annua	al report notific	cation)			
For further information concerning this matter, please call:					
Patti Heaps	954 at (862-7603			
Name of Person	_ #! (Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Reg Div P.O	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
■ \$25 Filing Fee	□ \$5	5 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.

I. Na	me of the limited liability company: 3601 REAL PR	ROPE	RTIES, I	LLC
2. (a)	4150 SW 28th Way	(b	4150 \$	SW 28th Way
- . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (·/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Fort Lauderdale, FL 33312	_	Fort La	auderdale, FL 33312
	06/24/2014	_	 L14000	127776
3.	Date of filing/registration in Florida	4,		Document number
5. (a)	David J. Boden			
J. (a)	Registered Agent and Registered Office shown on the records of the 4150 SW 28th Way	ne Florida	a Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	5)	_
	Fort Lauderdale , FL	33312		2015 OCT
(b)	Vickie Carcaise			ASS5
(-)	Enter name of NEW Registered Agent and/or NEW Registered (Office ad	dress:	
	4150 SW 28th Way			OF STATE ORIDA
	NEW Registered Office Address:	 -		Dr. o
	Fort Lauderdale, FL	33312		_
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regi bility co f the lin	stered off ompany, i nited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
4	nites & Dut reco	1	liles	Printed or typed name of signee
Signa	ture of a member or authorized representative of a member			
I here provisi the obl to mere notified	by accept the appointment as registered agent and agre ans of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this thange.	ee to ac perform I for in e ereby c	t in this co ance of m Chapter 6 confirm the	apacity. I further agree to comply with the sy duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been

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

Signature of Registered Agent