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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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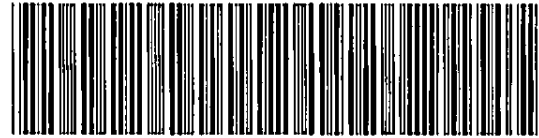
(Business Entity Name)

(Document Number)

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17 OCT 30 AM 7:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Timothy H. Kenney, P.A.  
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October 12, 2017

Registration Section  
Division of Corporations  
State of Florida  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Statements of Change of Registered Agent  
Our File: MAR 4750

Dear Sir/Madam:

Enclosed please find the following:

1. Statement of Change of Registered Office of Registered Agent for the following entities:

Amco Property Management, L.L.C.  
David Associates V, L.L.C.  
David Associates VII, L.L.C.  
David Associates VII Management Corp.  
David Associates XII, LLC  
David Associates 101, LLC  
David Associates XIV, LLC  
David Associates 102, LLC  
David Associates 319 Holdings, LLC  
David Associates 635, LLC  
HL Capital Group, Inc.  
Marco Capital Group, LLC  
Real Estate Management Company of The Palm Beaches, LLC

2. Check # 1123 in the amount of \$345.00 payable to the Division of Corporations for the filing fees as follows:

Statement of Change for LLC's (11 @ \$25)	\$ 275.00
Statement of Change for Corporations (2 @ \$35)	\$ 70.00
Total:	\$ 345.00

Please return a date-stamped copy showing your receipt of the Statements of Change in the envelope provided.

Very truly yours,

*/s/ Timothy H. Kenney*

TIMOTHY H. KENNEY

THK:epw

Enc.

cc. Alfred N. Marulli  
Hillary O'Brien

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(2)

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

1. Name of the limited liability company: AMCO PROPERTY MANAGEMENT, L.L.C.

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 319 Clematis Street, Suite 708 West Palm Beach, FL 33401 09/01/1998 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 319 Clematis Street, Suite 708 West Palm Beach, FL 33401 L98000001678

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: LISA GERARD Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 319 Clematis Street, Suite 708 West Palm Beach, FL 33401

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: HILLARY O'BRIAN NEW Registered Office Address: 319 Clematis Street, Suite 708 West Palm Beach, FL 33401

SECRETARY OF STATE TALLAHASSEE, FLORIDA 17 OCT 30 AM 7:12 FILED

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: ALFRED N. MARULLI, JR., MGR Printed or typed name of signer

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