

L04000086334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500078860835

08/23/06--01014--018 \*\*50.00

2006 AUG 23 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

L04-86334  
[Signature]

**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. The name of the limited liability company is: BALDWIN OFFICE PARK LLC
2. The mailing address of the limited liability company is : 8421 S.ORANGE BLOSSOM TRAIL # 270  
ORLANDO, FLORIDA, 32809

3. Date of filing/registration in Florida 12/01/2004 4. Document number L04000086334

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

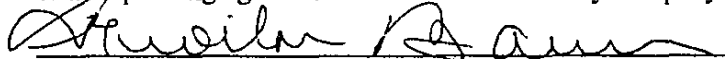
ENIO CARVALHO  
Name  
8421 S.ORANGE BLOSSOM TRAIL # 270  
Address  
ORLANDO, FLORIDA, 32809  
City, State and Zip

6. The name and address of the new registered agent and/or office:

DR. FROILAN BARINAS  
Name  
8421 S. ORANGE BLOSSOM TRAIL # 270  
Florida street address (P.O. Box NOT acceptable)  
ORLANDO, FL 32809  
City, State and Zip

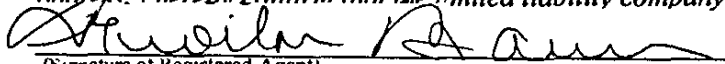
2006 AUG 23 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

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)

DR. FROILAN BARINAS  
(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**