| (Requestor's Name)                      |
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| (Address)                               |
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|   |
| (City/State/Zip/Phone #)                |
| <u> </u>                                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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2006 OCT -3 P 1: 52 SECRETARY OF STATE, ALLAHASSEE, FLOOR

## **COVER LETTER**

| Division of Corporations   | ~ <del>-</del>  |
|--|---|
| SUBJECT: Shulko Real Estate Investments, L   | LC<br>Liability Company)  |
| (Name of Limited)  | Enabling Company)   |
| Dear Sir or Madam:   |   |
| The enclosed Registered Agent/Registered Office Ch   | nange and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this mat   | iter to the following:  |
| Coralee G. Penabad   |   |
| (Name of Person)   |   |
| Hellinger & Penabad, PA  | <del>Z</del>  |
| (Firm/Company)   | ALL/<br>SEC. 2004   |
| 3050 Biscayne Blvd. Suite 700W   | FILED<br>2006 OCT -3 P I<br>SECRETARY OF ST<br>ALLAHASSEE, FLO  |
| (Address)  | EF, FOR TO  |
| Miami, Florida 33137   | <b>70.P</b> **  |
| (City/State and Zip Code)  | 52 52   |
| For further information concerning this matter, pleas  | se call:  |
| Coralee Penabad at (30   | 95 <u>)</u> 438-0223  |
| (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 amou   | int:  |
| <b>▼</b> \$25 Filing Fee   | \$55 Filing Fee & Certified Copy  |
|  |   |

1897-2

## . 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 limit  | ed liability com  | pany is: Shulko Rea  | al Estate Investn   | nents, LLC  |   |  |   |
|---|---|--|---|---|---|--|---|
| 2. The mailing address o  | f the limited lia   | bility company is:   | c/o Mr. John I  | Lasko, 389  | 30 North  | า 40 Avenu   | ie                                      |
| Hollywood, Florida 33021  |   |  |   |   |   |  | -                                       |
| 10/20/2005  |   |  | L05000103   | 828   |   |  |   |
| 3. Date of filing/registrate  | tion in Florida   | <del></del> -  | 4. Docume   |   | r   |  | <del></del>                             |
| 5. The name of the registresistance Florida Department of   | ered agent and t<br>State:  | he registered offic  | e address as sl   | hown on I   | the reco  | ords of the  |   |
| •   |   | sin Hellinger & B<br>Name  | udwick, PA  | <del>-</del>  |   |  |   |
|   | 300 Wachovia  | a Financial Center<br>Address  | -<br><br>   | Biscayne  | Blvd<br>–   |  |   |
| 6. The name and address  If the limited liability con   | Hellinger & Po  | enabad, P.A.  Name Blvd., Suite 700v address (P.O. Box FL 331 City, State and Zi                               | NOT accepts 37 p aws of the Sta   | STAIR<br>LORDA  | 2006 OCT -3 P 1: 53                                     | TI III   |   |
| confirmed that after the c<br>and the business office of<br>liability company, it is he<br>of the members of the fir<br>or the operating agreemen   | hange or change the registered a reby confirmed nited liability control the limited | es are made, the Flagent will be idention that the change(s) ompany or as other liability company.             | orida street ad<br>cal. Or, in the<br>was/were aut<br>wise provided                     | Idress of t<br>e case of :<br>horized b                           | the regi<br>a Florio<br>v an af                         | istered off<br>da limited<br>firmative                               | vote                                    |
| Coralee G. Penabad, auth  | norized represer  | ntative  |   |   |   |  |   |
| (Printed or typed name of signee) I hereby accept the appo- comply with the provision and Lam familiar with an Chapter 508, F.S. Or, if address, I hereby confirm (Signature of Registered Agent) |   | stered agent and as<br>relative to the pro<br>ligations of my pos<br>being filed to mer<br>l liability company | gree to act in i<br>per and comp<br>ittion as regist<br>ely reflect a c<br>has been not | this capac<br>lete perfo<br>tered age<br>thange in<br>ified in wi | city. I f<br>vrmanco<br>nt as pr<br>the reg<br>riting o | further agg<br>e of my du<br>voided for<br>istered of<br>f this char | ree to<br>ties,<br>r in<br>fice<br>1ge. |

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