NOV. 14. 2011 2:15PM Division of Corporations

561 655 1109

NO. 8182 Page . 15f 1

For its Desparant of State 1971

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000270412 3)))



H110002704123ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

It Name : BROAD AND CASSEL-WPB

Account Name

Account Number : I19990000010

Phone

(561)832-3300

Fax Number

: (561)655-1109

NOV IL MY 9: 06

CRETARY OF STATE OF ST

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: irosen that approadandnesse Leom

TINOVIL PM 2: 54
SECRETARY OF STATE

LLC REGISTERED AGENT CHANGE 1700 SOUTH DIXIE HIGHWAY, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

D. BRUCE

NOV 1 5 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

11/14/2011

(((H11000270412 3)))

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:1700 SOUTH DIXIE HIGHWAY, LLC | | |
|--|---|--|
| 2. (a) Principal office address of limited liability | y company: 204 Wenonah Place | |
| (Note: MUST BE STREET ADDRESS |) West Palm Beach, FL 33405 | |
| (b) Mailing address of limited liability compa | any: 204 Wenonah Place | |
| (Note: MAY BE POST OFFICE BOX) | West Palm Beach, FL 33405 | |
| 08/04/2011 | L1100008980 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office | shown on the records of the Florida Deption State | |
| Registered Agent: | Joel P. Koepnel | |
| Registered Office Address: | 400 S. Australian Ave., Suite 3080 West Palm Beach, FL 338042 | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : NEW Registered Agent: Patricia Lebow, P.A. | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDR | One N. Clematis Street | |
| 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 of the limited liability company. Signature of a member or authorized representative of a member | | |
| Ozival do Medeiros - Managing Member 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