107000076257

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D. BRUCE

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EXAMINER

COVER LETTER

Division of Corporations		
subject: <u>8330</u> В.:	scayne Blud, L	
Name o	f Limited Liability Compan	У
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) a	are submitted for filing.
Please return all correspondence concerni	ng this matter to the following	ng:
Robert Bailey		
Name of Person		
Firm/Company		
404 E Lan Olan Blad Cuita 4	20 504	
401 E Las Olas Blvd Suite 1 Address	30-521	
radi ess		MAY 29 L CRETARY C AHASSEE
		HY29 PM ETARY OF HASSEE. F
Ft Lauderdale, FL 3330	1	<u> </u>
City/State and Zip Code		
		[S & C
goodearthpropman@earthli	nk.net	
goodearthpropman@earthli E-mail address: (to be used for future annual repo	t notification)	>
For further information concerning this m	atter, please call:	•
Robert Bailey	at (<u>954</u>)	463-9099
Name of Person	Area Code & D	Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADI	DRESS:
	Registration Section Registration Section	
Division of Corporations	Division of Corp	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Flor	rida 32314
Enclosed is a check for the follow	ring amount:	
\$25 Filing Fee	\$55 Filing Fee	e & Certified Copy

INHS18 (5/08)

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: 833	O Biscorne Blud LLC
2. (a) Principal office address of limited liability company	401 East Las Olas Blvd
(Note: MUST BE STREET ADDRESS)	Suite 130-521 Ft Lauderdale, FL 33301
(b) Mailing address of limited liability company:	401 East Las Olas Blvd
(Note: MAY BE POST OFFICE BOX)	Suite 130-521 Ft Lauderdale, FL 33301
7/24/2007	Lo 7000076257
	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Robert Buly
Registered Office Address:	14831 Nu 7ALE Miani, FL 33168
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Robert Bailey 401 East Las Olas Blvd Suite 130-521
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office
Robert Bailey Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pre and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

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

Signature of Registered Agent