## 108000014300

(Requestor's Name)				
(Add	ress)			
(Address)				
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(City	//State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nam	ne)		
(		,		
(Doc	cument Number)			
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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D. BRUCE
MAY 3 0 2012
EXAMINER

## **COVER LETTER**

	livision of Corporations							
SUBJEC					e HC			
	Name	of Limite	d Liabi	lity Co	mpany			
Dear Sir	or Madam:							
The encl	osed Registered Agent/Registere	d Office	Change	and fe	ee(s) are submitted (	or filing	•	
Please re	turn all correspondence concern	ing this n	natter to	the fo	llowing:			
	Robert Bailey							
	Nume of Ferson							
	Firm/Company			_				
	401 E Las Olas Blvd Suite 1	30-521						
	1 8441 603					<u> </u>		
	Ft Lauderdale, FL 3330	11					~	
<del></del>	City/State and Zip Code	J 1		_		177. 187.	<u>~</u>	3100
						(R)	29	_
	goodearthpropman@earthl	ink.net					PH	FY
E-mai	l address: (to be used for future annual rep	ort notificati	on)			FIC	Ċ'n	
For furth	er information concerning this m	atter, ple	ase cal	l:		ATE	<u></u>	_
	Robert Bailey	at (	954	)	463-9099	)		
	Name of Person	\_		Area Co	de & Daytime Telephone	Number		
S'	TREET/COURIER ADDRESS:		MA	AILING	G ADDRESS:			
	egistration Section	Registration Section						
	ivision of Corporations	Division of Corporations						
	lifton Building 661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314						
	allahassee, Florida 32301		1 41	ianasse	e, riorida 32314			
E	nclosed is a check for the follo	wing am	ount:					
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy						

## 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:1950	South 30 Ave UC
2. (a) Principal office address of limited liability compar	ny: 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
2/8/08	Lo 80000 14366
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Robert Buily
Registered Office Address:	14831 Nu FAC = 1483162
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	Robert Bailey
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	401 East Las Olas Blvd Sin Suite 130-521 Ft Lauderdale ,FL 33301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change(sof the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote
Robert Bailey	
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the pland I am familiar with and accept the obligations of my perchapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability-compan	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.
Signature of Registered Age	

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