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2012 JUN 1 1 AM 10: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO

J. SAULSBERRY EXAMINER JUL 12 2012

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 3690 NW 80 Name of Limited	Ave. LLC d Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted	for filing.	
Please return all correspondence concerning this m	natter to the following:		
Angela Delaado Name of Person OTA Associates Inc. Firm/Company		2012 JUN 11 1 SECRETARY O TALLAHASSEE.	T
665 SE 10th St. #20	<u>) </u>	AM (D: 54 DF STATE FLORIDA	
Deerfield Beach, FL 33	3441		
Angela@g+aassocia+e E-mail alldress: (to be used for future annual report notification	es,com	•	
For further information concerning this matter, plea	ase call:		
Angela Delgado CPA at C	954 571-409 Area Code & Daytime Telephone		
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 amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified	Сору	

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.

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1. Name of the limited liability company: 3690	NW 80 Ave. LLC
2. (a) Principal office address of limited liability compan	y: 665 SE 10th St#201
(Note: MUST BE STREET ADDRESS)	Deerfield Beach, FL 33441
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	665 SF 10th St. #201
1/24/2005	L05000006859
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	David Tracy
Registered Office Address:	22263 Rushmore Place Born Raton, FL 33428
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: Angela Delgado CPA
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	665 SE 10th St. #201 Deer Field Beach, FL ,FL 33441
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 iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability company.	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y.
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent