## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

From:

: WEINER & ARONSON, P.A. Account Name

Account Number : 1200000000174 Phone (561) 265-2666

(561) 272-6831 Fax Number

## REGISTERED AGENT CHANGE

FROGGY BOTTOM, L.L.C.

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

## 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 limited liability company is: Froggy Bottom, L.L.C.

1. The name of the limited	i hability company is: F1099Y Bottom, L.L.C.
2. The mailing address of	the limited liability company is: 201 Palm Trail, Delray Beach,
Florida 33483	
1101111 22100	
May 23, 2000	L00000006172
3. Date of filing/registration	
5. The name of the register Florida Department of S	red agent and the registered office address as shown on the records of the state:
	Thomas F. Carney, Jr.
	Thomas F. Carney, Jr.  Name 811 George Bush Boulevard  Address Delray Beach, FL 33483  City, State and Zip
	Address
	Delray Beach, FL 33483
	City, State and Zip
6. The name and address of	of the new registered agent and/or office:
	Carole Aronson, Esquire
	Name 102 North Swinton Avenue
•	Florida street address (P.O. Box NOT acceptable)
	Delray Beach, FL 33444
	City, State and Zip
confirmed that after the chand the business office of liability company, it is her the members of the limite.	7
(Printed or typed name of signee)	rane
I hereby accept the appoint comply with the provision and Jum familiar with an Chapter 608. F.S. On if the address. I hereby confirm	intment as registered agent and agree to act in this capacity. I further agree to us of all statutes relative to the proper and complete performance of my duties, a accept the obligations of my position as registered agent as provided for in this document is being filed to merely reflect a change in the registered office, that the limited biability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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stored Agent)

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