City/State/Zip Phone

Office Use Only

Examiner's Initials

CORPORATION NAME(S)	& DOCUMENT NUMBER(S), (if known	own):
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1. FIVE MORERTIES, L	<u>(C</u>
(Corporation Name)	(Document #)
2. <u>L-12282</u>	1000046654512 -11/05/0101030012
(Corporation Name)	(Document #) ******35.00 ******35.00
3	
(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
<u> </u>	DV
Walk in Pick up time	Certified Copy of Section 1
Mail out Will wait	Photocopy
NEW FILINGS	AMENDMENTS Amendment Amendment Amendment
☐ Profit	Amendment 9 5
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability	Change of Decistand A and
Domestication	Change of Registered Agent
	Dissolution/Withdrawal
☐ Other	☐ Merger
	((17)
OTHER FILINGS	REGISTRATION/QUALIFICATION (
Annual Report	Foreign
Fictitious Name	Limited Partnership
	Reinstatement
	☐ Trademark
	Other
	<i>Culot</i>

CR2E031(7/97)

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.

, , , , , , , , , , , , , , , , , , , ,	•	
	iability company is: Five Properties, LLC	•
2. The mailing address of th	e limited liability company is: 9555 SW 88th Street	
Suite 201 Miami,	Florida 33176	,
	L0000012282	
10/09/2000	· · · · · · · · · · · · · · · · · · ·	
3. Date of filing/registration	in Florida 4. Document number	
5. The name of the registered Florida Department of Sta	d agent and the registered office address as shown on the records ate:	of the
	Victor Seijas	_ 5
	Name	
	136990 SW 142 Terrace	SEGRETARY VISION OF C
	Address	< ZA
	Miami, Florida 33186 City, State and Zip	2 0 S
	•	2 SSS
6. The name and address of	the new registered agent and/or office:	25 SE
	Dishard E Kondla	STATE ORATION 2: 07
_	Richard F Kondla Name	7 HS
	9555 SW 88th Street, Ste 201	
-	Florida street address (P.O. Box NOT acceptable)	
	Tiorida sireot address (1.0. Box 1.0 x deep)	
	Miami, FL 33176	
_	City, State and Zip	
confirmed that after the cha and the business office of the liability company, it is here the members of the lianted the operating agreement of the operating of the operation of the op	any is not organized under the laws of the State of Florida, it is hange or changes are made, the Florida street address of the registered agent will be identical. Or, in the case of a Florida by confirmed that the change(s) was/were authorized by an affire liability company or as otherwise provided in the articles of organized liability company.	mative vote of anization or
(Signature of Registered Agent)		
Division	of Corporations, P.O. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18(10/99)