DOCUMENT # L0000012429 1. Entity Name FLAGLER 501, L.L.C.							
	1 301, E.E.O.				3 15 PM 3: 20		
Principal Place of Business 4800 BAYVIEW DRIVE, PENTHOUSE 1 FORT LAUDERDALE FL 33308 Mailing Address 4800 BAYVIEW DRIVE, PENTHOUSE 1 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308					TARY OF STATE ASSEE, FLORIDA	IS NOTED HIBLI BY DE HIBLE TRIS (BIB)	
Principal Place of Business							
Suite, Apt. #, etc. Suite, Apt. #, etc.			.20368	DO NOT WRITE IN THIS SPACE			
City & State	auderdale Fl	Hollywood	,FI	4. FEI I	Number 5 - 1053129	Applied For Not Applicable]
Zip 33.7		Zip 33022	Country		ificate of Status Desired	\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name							
MOY, JAI	ne Rthlake drive			Address (P.O. Box Number is Not Acceptable)			
HOLLYWOOD FL 33019							
<u> </u>			City		FI	Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State							
9;	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS/CHANGE		
TITLE NAME		☐ Delete	TITLE NAME	MGRN P. DOUG	1 1AS MCCRAW	☐ Change 💆 Addition	RZE083 (11/00)
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	4800 E+1 411	IAS MCCRAW BAYVIEW DRIV DER DAUTIFU 3	e PH 1	83
TITLE		☐ Delete	TITLE			☐ Change Addition	SPZE
NAME Street address			NAME STREET ADDRESS	MGRM	MOY ADETHLAKE DI	rive	-!
CITY-ST-ZIP			CITY-ST-ZIP	115 (>,	HOLLYWOOD	H33019] ;
TITLE NAME		Detete	TITLE NAME	MGRM	HOLLYWOOD, FOLLYWOOD, F	☐ Change ☑ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	2208	N 42ND Ave	1 22 00 1	} }
TITLE		☐ Delete	TITLE		Bougwood it	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			·	
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TITLE NAME		☐ Delete	TITLE NAME		1000003707	Change Addition	
STREET ADDRESS CITY-ST-ZIP	,		STREET ADDRESS		-02/16/011 *****50.00	01117012 *****50.00	
TITLE		☐ Delete	TITLE		N ************************************	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: SIGNATURE AND TYPED OF PRIVIED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daving Proce #							
	SIGNATURE AND THEY ON PHINTED NAME OF	OWNER WENNERS MENSER, MAN	IAGER, OH AUTHORIZED	nernestniaTIVE	Oate	Daytime Phone #	1