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COVER LETTER

Division of Corporations	•			
SUBJECT: Kingsley Courts L.C. (Name of Limited L	iability Company)			
Dear Sir or Madam:	,			
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.			
Please return all correspondence concerning this matt	er to the following:			
Gregory F. Pillon, Esq.				
(Name of Person)				
GPLawLaw Offices of Gregory Pillon, P	7.L.			
(Firm/Company)				
730 N.W. 40th Avenue				
(Address)				
Miami, Florida 33126				
(City/State and Zip Code)				
For further information concerning this matter, please	e call:			
at (305) 642–1440			
(Name of Person)	(Area Code & Daytime Telephone Number)			
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 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. The name of the limit	ed liability company	is: Kin	gsley Courts L.C	, ,		
2. The mailing address of	of the limited liability	company is	s:			
2555 Collins A	venue, Suite 190	9, Miami	Beach, FL 33140			
2 . 10 .000		···	1,000,000,135,43			
Oct. 10, 2000 3. Date of filing/registration	tion in Florida		L00000013542 4. Document nu	ımhar		
5. Date of imagregistra	don in Piorida		4. Document no	unoci		
5. The name of the regist Florida Department of		gistered offi	ice address as showr	on the records of the		
	Julio S. N		 -	_		
	11421 S.W.	Name . 25th Cou	rt	SE SE		
		Address		- LLAH.		
	Davie, FL 33325					
City, State and Zip						
6. The name and address	of the new registere	d agent and/	or office:	PM 12: 09 OF STATE E. FLORIDA		
	Orlando Alva	arez		2: 0		
	2555 Collins	Name Avenue,	Suite 1909	IDA 1DA		
	Florida street add	ress (P.O. Bo	ox NOT acceptable)			
	Miami Beach	FL	33140			
City, State and Zip						
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lit or the operating agreement (Signature of a member or author)	change or changes are fithe registered agents reby confirmed that mited liability compant of the limited liab	e made, the later will be ider the change(any or as oth ility compan	Florida street addres stical. Or, in the cas s) was/were authoriz erwise provided in t	s of the registered office		
Glessiy F.	- Pills					
(Printed or typed name of signee	<u> </u>		_			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 600, F.S. Orzif address, Theyeby confirm (Signature of Registered Agent)	intment as registere ns of all statutes rela nd accept the obligat this document is bein that the limited liab	d agent and tive to the pi ions of my p ng filed to m vility compar	agree to act in this c roper and complete osition as registered erely reflect a chang ny has been notified	capacity. I further agree to performance of my duties, agent as provided for in the registered office in writing of this change.		
Divisio	on of Corporations,	P.O. Box 6	327, Tallahassee, F	L 32314		

FILING FEE: \$25.00

INHS18 (8/05)