L01000005563

(Req	uestor's Name)	
(Add	lress)	
(Add	ress)	
(City	/State/Zip/Phone #)	* **
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Name)	
(Doc	ument Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	Mo
W		

Office Use Only

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

OCT 29 PH 3: 1

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: 3300 N. Federal, LLC (Name of	f Limited Liabilit	ty Company)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change a	and fee(s) are submitte	ed for filing.	
Please return all correspondence concerning	g this matter to t	he following:		
William J. Rotella (Name of Person)		-		
(Firm/Company)		-		
3300 N. Federal Highway, Suite 200			7.00	
(Address)		-	7 OCT	
Fort Lauderdale, FL 33306			29 ASSE	FILED
(City/State and Zip Code)		-		6
For further information concerning this ma	itter, please call:		97 OCT 29 PM 3: 18 SECHETARY OF STATE TALLAHASSEE, FLORIDA	
William J. Rotella	at (<u>954</u>	ր 568-9015		
(Name of Person)	(/	Area Code & Daytimo	e Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314		
Enclosed is a check for the follow	ing amount:			
	□ \$55	Filing Fee & Certific	ed Copy	

INHS18 (8/05)

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 6, 2007

WILLIAM J ROTELLA 3300 N. FEDERAL HIGHWAY STE 200 FORT LAUDERDALE, FL 33306

SUBJECT: 3300 N. FEDERAL, LLC

Ref. Number: L01000005563

We have received your document for 3300 N. FEDERAL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 007A00053066

OCT 29 PH 3: 18

FILED

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.

4/9/2001		L01000005563		
3. Date of filing/registration in Florida		4. Document number		
5. The name of the registered Florida Department of Sta		tered office address as shown of	on the records of the	
<u>C</u>	arl G. Santangelo			
_		Name		
30	000 N. Federal Hwy			
F		Address		
<u> F0</u>	ort Lauderdale, FL 3	State and Zip	5° 0	
6. The name and address of the new registered agent and/or office:		7 OC 1 SECRE		
W	William J. Rotella		TARY OF ASSEE, F	
33	Name 3300 N. Federal Highway, Suite 200		07 OCT 29 PM 3: SECRETARY OF STATE PALLAHASSEE, FLORI	
		(P.O. Box NOT acceptable)	3: 18 TATE XRIDA	
Fo	rt Lauderdale	FL 33306		
_	City, St	tate and Zip	12 	
confirmed that after the chan and the business office of the liability company, it is hereb of the members of the limite or the operating agreement o	ge or changes are made registered agent will y confirmed that the diability company		of the registered office of a Florida limited d by an affirmative vote	

William J. Rotella (Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**

INHS18 (8/05)