

L010000013652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

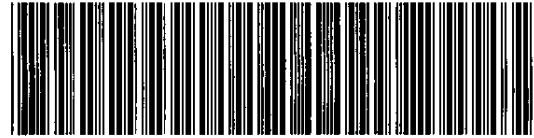
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
L. SELLERS
SEP 14 2010
EXAMINER

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09/10/10--01024--015 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 10 PM 12:11

FILED

Osborne & Osborne
PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW
798 SOUTH FEDERAL HIGHWAY
BOCA RATON, FLORIDA 33432-6114

POST OFFICE DRAWER 40
BOCA RATON, FLORIDA 33429-9974

TELEPHONE: 561/395-1000
FAX: 561/368-6930

R. BRADY OSBORNE, JR.
Board Certified - Wills, Trusts & Estates

E-MAIL: rbo@osbornepa.com

September 8, 2010

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

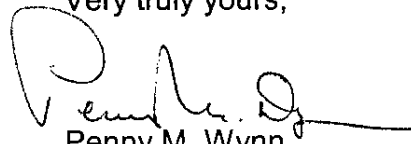
RE: Montana II, LLC
Change of Registered Agent

Dear Sir or Madam:

Enclosed is a Statement of Change of Registered Office or Registered Agent for the above referenced limited liability company, together with a check in the amount of \$25.00 representing the filing fee.

Please amend your records accordingly. Thank you for your assistance.

Very truly yours,


Penny M. Wynn
Legal Assistant

RBO:pmw
Enclosure
cc: Ms. Cristina Montana

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONTANA II, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

R. Brady Osborne, Jr.
Name of Person

Osborne & Osborne, P.A.
Firm/Company

798 S. Federal Highway, Ste. 100
Address

Boca Raton, Florida 33432
City/State and Zip Code

rbo@osbornepa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

R. Brady Osborne, Jr. at (561) 395-1000
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. Name of the limited liability company: MONTANA II, LLC

2. (a) Principal office address of limited liability company: 277 N. Ocean Blvd., No. 202

(Note: MUST BE STREET ADDRESS) Boca Raton, Florida 33432

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX) 277 N. Ocean Blvd., No. 202
Boca Raton, Florida 33432

08/13/2001
3. Date of filing/registration in Florida

L01000013652
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Roberta G. Stanley

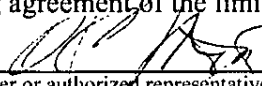
Registered Office Address: 200 East Las Olas Blvd., Ste 1900
Fort lauderdale, Florida 33301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: R. Brady Osborne, Jr.

NEW Registered Office Address: 798 S. Federal Highway, Ste 100
(MUST BE FLORIDA STREET ADDRESS) Boca Raton, FL 33432

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

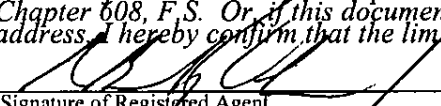


Signature of a member or authorized representative of a member

Cristina Montana

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

FILED
10 SEP 10 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FL