L01000018062

| (Requestor's Name) | | | |
|---|-------------------|-------------|--|
| (Address) | | | |
| . (Ad | dress) | • 9 | |
| (Cit | ty/State/Zip/Phon | ne #) | |
| PICK-UP | WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificate | s of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAY 2.0 2009

EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|-------------|--|---|--|
| SUBJ | SUBJECT: Avalon Estates, LLC Name of Limited Liability Company | | |
| Dear S | Sir or Madam: | | |
| The er | nclosed Registered Agent/Registered | Office Change and fee(s) are submitted for filing. | |
| Please | return all correspondence concernin | g this matter to the following: | |
| | Scott Worley, Manager Name of Person | | |
| | Avalon Estates, LLC Firm/Company | | |
| | 1732 S Congress Ave, Ste | 335 | |
| | Palm Springs, FL 33461-2 City/State and Zip Code | 140 | |
| E- | scott@northstarhomesfl.co | notification) | |
| For fu | ther information concerning this ma | tter, please call: | |
| | Scott Worley | at (561) 638-6270 | |
| | 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 | ing 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.

| Name of the limited liability company: | Avalon Estates, LLC | | |
|---|--|--|--|
| 2. (a) Principal office address of limited liability company | 1732 S Congress Avenue | | |
| (Note: MUST BE STREET ADDRESS) | Ste 335 Palm Springs, FL 33461-2140 | | |
| (b) Mailing address of limited liability company: | 1732 S Congress Avenue | | |
| _[√] (Note: MAY BE POST OFFICE BOX) | Ste 335 Palm Springs, FL 33461-2140 | | |
| 05/14/09 | L01000018062 | | |
| 3. Date of filing/registration in Florida | 4. Document number | | |
| 5. (a) Registered Agent and Registered Office shown on t | he records of the Florida Dept. of State: | | |
| Registered Agent: | Scott Worley | | |
| Registered Office Address: | 14901 S Military Trail Delray Beach, FL 33484 | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> <u>NEW Registered Office Address:</u> | 1732 S Congress Ave | | |
| (MUST BE FLORIDA STREET ADDRESS) | Ste 335 Palm Springs ,FL 33461 | | |
| 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 Scott Worley | | | |
| Printed or typed name of signee | | | |
| I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my post Chapter 606, F.S. Or, if this document is being filed to mer address. Thereby confirm that the limited liability company | ₹ | | |
| Signature of Registered Agent | 7, Tallahassee, FL 32314 | | |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00 | | | |

INHS18 (05/08)