L02000007381

(Requestor's Name)		
(Add	ress)	<u></u>
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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
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T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: St. Tropez 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:

Danni-Lee McCarthy

Name of Person

St. Tropez II, LLC

Firm/Company

3211 Ponce de Leon Bvld. Ste 301

Address

Coral Gables, FL 33134

City/State and Zip Code

dmccarthy@unitedpropertymgt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danni-Lee McCarthy

_{at} (305)

558-0060

Name of Person

Area Code & Daytime Telephone Numbe

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: St. Tropez II, LLC	
2 (a) Principal office address	of limited liability commons	2211 Banca da Laca Blud Sta 201
2. (a) Principal office address (Note: MUST BE STR	REET ADDRESS	Coral Gable, FL 33134
(**************************************	(AGI TIOURUSE)	
(b) Mailing address of limit	end linkilier namensu	2244 Dames de Lean Blief Die 204
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		3211 Ponce de Leon Blvd. Ste 301 Coral Gable, FL 33134
(. 011100 0010	
00.07.000		
3. Date of filing/registration in	Elonida	L02000007381
3. Date of filligregistration in	rionua	4. Document number
5. (a) Registered Agent and R	tegistered Office shown on	the records of the Florida Dept. of State:
Registered Agent:		Lynn Zovluck
Registered Agent.		Lynn Zovidex
Registered Office Addre	ess:	8730 NW 36th Avenue
		Miami, FL 33147
(b) Enter name of NEW Re	gistered Agent and/or NE	W Registered Office address:
		Tregistered Silies address.
NEW Registered Agent	:	Rex Barker
NEW Registered Office	Address:	3211 Ponce de Leon Blvd. Ste 301
<u>(MUST BE FLORIDA</u>		Coral Gable, FL 33134
		,FL
If the limited liability company	is not organized under the l	aws of the State of Florida, it is hereby
confirmed that after the change	or changes are made, the F	lorida street address of the registered office ical. Or, in the case of a Florida limited
liability company, it is hereby co	onfirmed that the change(s)	was/were authorized by an affirmative vote of
the members of the limited liab	ility company or as otherwi	was/were authorized by an affirmative vote of se provided in the articles of organization or
the operating agreement of the l	mined matthrity company.	ಪ ≷್ಯ
		- KECR
Signature of a member or authorized repre	Sentative of a member	Y OFF
Lynn Zouluck		SA CO
Printed or typed name of signee		- PA REC
I hereby accept the appointment	nt as registered agent and a	gree to act in this capacity. I further agree to oper and complete performance of my duffies, sition as registered agent as provided for in rely reflect a change in the registered office what been notified in writing of this change.
and I am familiar with and acce	rpt the obligations of my po	sition as registered agent as provid ed for≓in
Chapter 608, M.S. Or, if this ac address, I hereby confirm that t	scument is being filea to me he limited liability compan	rely reflect a change in the registered offfice v has been notified in writing of this change.
U, M. Ba	//	
Signature of Registered Agent		
Division of C	Corporations, P.O. Box 63	27, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)