

LO2000010059

Everglades, LLC
Requester's Name

200 E. Las Olas Blvd., Ste 1660
Address

Ft. Lauderdale, FL 33316
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

400008374724--2
-10/15/02--01049--002
*****25.00 *****25.00

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

Name
Availability

OTHER FILINGS

Document
Examiner ☐ Annual Report
☐ Fictitious Name

Member
Verifier DCC

Voluntary Ledge DCC

W. P. Verifier (7/97) DCC

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

FILED
02 OCT 15 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 limited liability company is: EVERGLADES, LLC
2. The mailing address of the limited liability company is: 200 EAST LAS OLAS BLVD, STE 1660
FORT LAUDERDALE, FL 33316
3. Date of filing/registration in Florida APRIL 26, 2002
4. Document number L02000010059

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

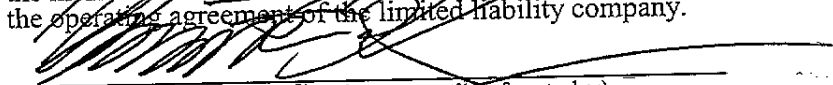
1031 EXCHANGE CORPORATION
ATTN: SUSAN MILLS, VP/SEC
170 NW SPANISH RIVER BLVD.
Address
BOCA RATON, FL 33431
City, State and Zip

6. The name and address of the new registered agent and/or office:

J. ROBERT DAY
Name
200 EAST LAS OLAS BLVD., SUITE 1660
Florida street address (P.O. Box NOT acceptable)
FORT LAUDERDALE, FL 33301
City, State and Zip

02 JUN 15 AM 11:37
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

CHRISTIAN F. ROSENBERG
(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