L02000019605

| (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: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



000135539380

09/11/08--01015--013 **75.00

SECRETARY OF STATE STATE OF CORPORATIONS

J. BRYAN

SEP 1 2 2008

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: DOWNTOWN REALTY GROUP 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: |
| GARY S. LESSER (Name of Person) |
| IESSER LESSER LANDY 45 MITH, PLLC (Firm/Company) 101 NORTH-POINT PARK WAY (Address) |
| 101 NORTH POINT PARK WAY (Address) |
| WEST PALM BEACH, FL 33407 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| GARY S. LESSER at (561) 655-2028 (Name of Person) (Area Code & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations |

P.O. Box 6327

Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

Clifton Building

\$25 Filing Fee

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

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: | OND REACTY GROUP, LLC |
| 2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>) | |
| | West Halm Beach, to 33407 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | ST OFF |
| 08/01/2002 | L02000019605 = 3000 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: |
| Registered Agent: | Gary S. Lesser |
| Registered Office Address: | 375 South County Rd, Sk 220 |
| | Falm Beach, Fi 33480 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | W Registered Office address: |
| NEW Registered Agent: | |
| NEW Registered Office Address: | 101 NORTH POINT PARK WAY |
| (MUST BE FLORIDA STREET ADDRESS) | WESTPALK BEACH ,FL 33407 |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized to liability company or as otherwise provided in the articles of limited liability company. | et address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited |
| (Signature of a member or authorized representative of a member) | _ |
| | |
| (Printed or typed name of signee) | - |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified | gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change. |
| (Signapure of Registered Agent) | |

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