

LQ2 0000 20457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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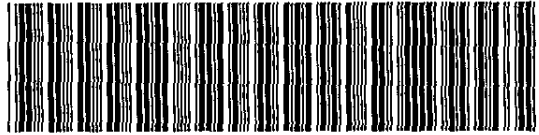
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

FF \$25.00

My Corporation.comTM

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August 14, 2004

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Change of Agent: ATLANTIC SOUTH BEACH PROPERTIES LLC

Ladies and Gentlemen:

Please find enclosed for filing the change of agent documents for the above-referenced entity.

Also enclosed is a check in the amount of \$25.00 as the appropriate filing fee.

Please return any copies or receipts, stamped to show the date of filing, to the undersigned.

Thanks very much for your assistance.

Sincerely,



Dennis Trage
955 25th Street
Vero Beach, FL 32960

SEAL OF THE
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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**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: ATLANTIC SOUTH BEACH PROPERTIES, LLC

2. The mailing address of the limited liability company is : _____

710 ASHLAND AVE., RIVER FOREST, IL 60305

08/12/2002

L02000020457

3. Date of filing/registration in Florida

4. Document number

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

NRAI SERVICES, INC.

Name

526 E PARK AVENUE

Address

TALLAHASSEE, FL 32301

City, State and Zip

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

DENNIS TRAGE

Name

955 25TH STREET

Florida street address (P.O. Box NOT acceptable)

VERO BEACH

FL 32960

City, State and Zip

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]
(Signature of a member or authorized representative of a member)

DENNIS TRAGE

(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.

DENNIS TRAGE

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Signature of a member or authorized representative of a member)

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(Printed or typed name of signer)

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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA