L02000036308

(Requestor's Name)						
LAW OFFICES						
Rose & Rose, P.A.						
PROFESSIONAL ABSOCIATION						
BOCA RATON, FL 33486						
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SECRETARY OF STATE
TALL AHASSEF 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 limite	ed liability company	/is: <u>Adrian Proper</u>	ties, I	.LC	•	
2. The mailing address o	f the limited liabilit	y company is: 302	NW 98t	h Terr	ace	
Coral Springs,	FL 33071					
10/04/2002		L0200	0026308	3	<u>-</u>	
3. Date of filing/registration in Florida 4. Document num			ber			
5. The name of the register Florida Department of		egistered office address as	shown on	the reco	rds of th	ıe
-	Filing, I	nc.				
	111111	Name				
	3732 NW 1	6th Street				
		Address				٠ .
Ft. Lauderdale, FL 33071						<u></u>
		ity, State and Zip				- · ·
6. The name and address		• • •		SECF		
	Peter A.	Rose, Esq.		CRETAR LAHASS		٠. ـ
·		Name		355 S	3 =	•
	5295 Town	Center Road, 3rd	Floor	<u>m</u> e -	3.13	
ær .		ress (P.O. Box NOT accep				
	Boca Raton	FL33486		Ďm ₹	_ 	
	Ci	ty, State and Zip				
confirmed that after the claud the business office of liability company, it is he	hange or changes ar the registered agen reby confirmed that nited liability comp	red under the laws of the Se made, the Florida street twill be identical. Or, in the change(s) was/were a any or as otherwise providuality company.	address of the case of uthorized	f the regis f a Florid by an affi	stered of a limited irmative	ffice d vote
1500 1		· · ·				
(Signature of a member or autho	rized representative of a r	nember)	•			
		• •				
Adrian Kronberg (Printed or typed name of signee	<u> </u>		April 1			<u>.</u>
	•	d agent and agree to act in stive to the proper and con tions of my position as reg ing filed to merely reflect a bility company has been no	n this capa nplete perj istered ag i change ii otified in v	icity. I fu formance ent as pro n the regi vriting of	rther as of my d ovided fo stered o this chi	ree to uties, or in ffice inge.

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

FILING FEE: \$25.00

(Signature of Registered Agent)